MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARS

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence before admission) e. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town! Olnev hours Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Montgomery General Hospital Rtl YES [NO 3. NAME OF Last 4. DATE Month Dav DECEASED OF (Type or print) DEATH 196] Sevmour Tillie Addison September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR lest birthdey) Months Deys Min. Hours 1879 M WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Montgomery,
14, MOTHER'S MAIDEN NAME Maryland 13. FATHER'S NAME David Addison Jane Prather 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (livesgive werp) detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (5), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) Generalized Arteriosclerosis Conditions, if ony, which gave rise to immediate cause rteriosclerotic Gaugreup Rt. Fast. (a), stetling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🗖 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE MOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of ilam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d, INJURY OCCURRED ! 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work al work 19 HUCUST 21. | certify that (I) (this hospital) attended the deceased from... 19. And that death occured at land, from the causes and on the date stated above. saw the deceased alive on 220, SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S GAITHERS BUU 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) (State) Laytonsville, 18 Brooke Grove. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DATE SEP 1 3 '61

funeral by the and 2 death. filled in I Pages 1 urs after papers. 7 within and cor CO physician 0 / 0 rem please guip aften Then the à physici signed burial-transit aftending peen has the 5 certificate hospital 8 0 USB prior detached for for the 2 may be retaine DIRECTOR: 2 should FUNERAL director, I 0 VE A15 (4) 15M 9/60

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TO PC STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a dead lago 4 may be retained by the hospital or attending physician.

A part of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and composed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

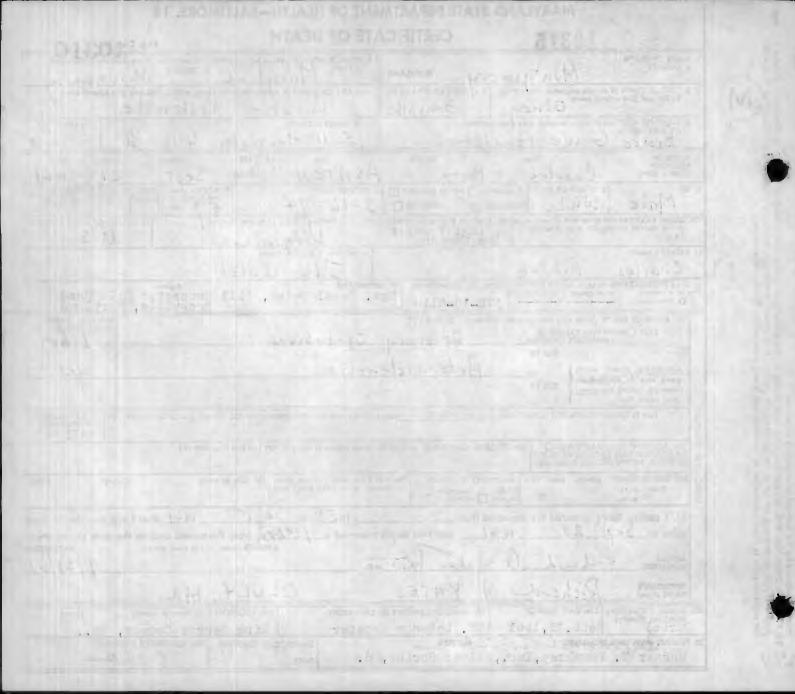
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1. PLACE OF DEAT	H		2. USUAL RESIDE	NCE (Where decease		esidenca balora admission)
Montgomery		MARYLAND	Maryland		b. COUNTY Wash:	ington
b. CITY OR TOWN	(if outsida corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporete	limits, write RURAL end	
	d give neerest town)	26 days	Hagerstow	m	5	103-9
Bethesda d. NAME OF HOSPI	TAL OR INSTITUTION (if not in h		d. STREET ADDRES			a. IS RESIDENCE
			700 Th	Dana		ON A FARM?
3. NAME OF	al Center, Beth	Middle	122 Hump	ROAG	Month	VES NO NO
DECEASED	Elist			OF		
(Type or print)	Karen	Lynn	Andrews	DEATH	September	18 1961
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED 🛣 B	. DATE OF BIRTH		E (In yeers IF UNDER 1 birthday) Months E	YEAR IF UNDER 24 HRS.
Female	White WIDOV	VED DIVORCED T	ebruary 23,		yrs,	reys tiouis mill.
10a. USUAL OCCUPAT	FION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR		ounty & State, or foreig	n country) 12, CITI	ZEN OF WHAT COUNTRY?
Child	orking ille, even it relifed)	None	Mar	yland	,	U.S.A.
13. FATHER'S NAME		1,0110	14. MOTHER'S MAIDE			0.000120
Unamous T A	m danara		Chi-lan	Dianla		
Harry L. A		4 SOCIAL SECURITY NO. 17 1	Shirley		A dideller	
(Yes, no, or unkown) (It yes give we ror dates of service)	6. SOCIAL SECURITY NO. 17. I				
No			e Clinical	Center, Be	thesda 14,	Maryland
	DEATH [Enter only one couse pa	Δ,	1	,		ONSET AND DEOTH
PARI I, DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ram regetive	e saption	amia		1 week
307	TO DUE TO		0	0		
Conditions, if on	y, which) (b) O	Egypl stus	houstic	Leuberr	نف	To wes
geve risa to immed	liate ceuse	1	4	-		
(a), steting the L	Indeniald.					
	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CONT	ITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
₽			. , , , , , , , , , , , , , , , , , , ,			PERFORMED?
3						YES KOK NO
☐ OR CONTRIBUTING	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED	. (Entar nature of injury	in Part or Part H of Ill	m 18.)	
	MEDICAL EXAMINER)					
20c. TIME OF INJE Hour a.m.			CE OF INJURY (Home, fory, straet, office bldg.,		wn) (Cour	nty) (State)
Hour a.m.	Wh	ile Not While factorist at work	ory, singer, circus progr,	!		
	that (I) (this bosnital) atte	ended the deceased from	August 23	19 67 to Set	tember 1819	61 that (1) (wa) last
		r 18 19 61 , and that				
22a. SIGNATURE	sed alive one we wanted	tht.Y, and inai	degili occored aw	www.estout me	causes and on it	22b. DATE
	. 0 12'-	A	ATTENDING		AFF DO 0/	18/61 SIGNED
22c PHYSICIAN'S		tor TIT M		_		
NAME (Type		TER, III, M.D.			l Center,	
						da 14, Md.
23s. BURIAL, CREMAT REMOVAL (Specify	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	_		(City, lown or county	
Burial	9/20/1961	Cedar Lawn M	emorial Gar	• Hagers	town	Maryland
OA SUNIERAL DIRECTO	DIS CICNIATINE	ADDRESS	25e. I	REC'D BY REGISTRAR	256. REGISTRAR'S	IGNATURE
Suter - R	ouzer Funeral H	lome Hagerstown,	Md. DATE	SEP 21 '61	arthur S.	Thomas
- 11 Colons	- hrg-	TIEROT BOOMIL	244			

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Mark Andrews
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                                            The second department of the second s
                  TROPE S. CLARES, LIL, V.S. C. ALLEGONE DE SIN CARLOS EN LIN DE
TOTOMA
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		10315 CERTIFICATE OF DEATH	0
director iled wit		1. PLACE OF DEATH o. COUNTY Montgonery MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm o. STATE Maryland D. COUNTY Maryland Maryland	
Funeral M		b. CITY OR TOWN (If outside corporate limit, write c. UNGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limit, write RURAL and give nearest town) Olivery Smorths Rural - Reckville	wn)
by the		d. NAME OF HOSPITAL (If not in hospitol, give greet address) d. STREET ADDRESS e. IS R ON ON	ESIDENCE A FARM?
	70	3. NAME OF DECEASED (Type or print) Charles Henry ASHTON 4. DATE Month Day DEATH Sept 21	Year 1961
oletely f		5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your lost birthdoy) WIDOWED DIVORCED 3-16-74 9. AGE (In your lost birthdoy) Months Doys Hour	DER 24 HRS.
nd camp on pape death.		Driver 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Driver 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11c. CITIZEN OF WHAT CAPITAL COUNTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CAPITAL COUNTRY 12. CITIZEN OF WHAT CAPITAL COUNTRY 13. BIRTHPLACE (Stote or foreign country)	T COUNTRY
physician armove carbo hours after	7	Charles Ashton Ida Welch	
e remov		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Hazel Welsh, 5511 Muncaster Mill Ros Rockville, Marylan	ad
ottendi en pleas et within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] COPPRESS OCCURS OCCURS	BETWEEN
d by the nit. The		Conditions, if any, which) (b) Arterioselerosis	<i>-5</i> .
an. In signer Isit perr		couse (o), stating the under- lying cause lost. (c)	
has bee rial-trar noval, a			AUTOPSY ORMED?
ifficate the bu	7.		
this cer this cer or use a rematia		20c. TIME OF INJURY Month, Day, Year Not while of work 19 of work 20d. INJURY OCCURRED While of work 20d. INJURY OCCURRED While of work 20d. INJURY OCCURRED (Caunty)	(Stote)
te hospi te Affer oched fo puriol, c		21. I certify that attended the deceased from 1958, to Sept 1961, that I last saw the alive on Sept 20 , 1961, and that death occurred at 100 AM, from the causes and on the date sta	
RECTOR The Ped by the Ped determinant to be determinant to be determinant to be determinant to be ped to be determinant to be determinant.			LIGHT
retainer should listrar pr		PHYSICIAN'S Richard A. YATES OLNEY, Md.	
Page 3		Burial Sept. 23, 1961 Mt. Lebanon Cemetery King George County, Va.	ote)
/S A15 (4) ISM 9/55		Warner E. Pumphrey, Inc., Silver Spring, Md. 240. RECD BY REGISTRAR 246. REGISTRAR'S SIGNATURE Carthur S. Kasup	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ely filled in by the funeral ars. Pages 1 and 2 should hours after death. within 24 hours after TO HOPPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

death day be retained by the hospital or attending physician.

IN PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10316 CERTIFICATE OF DEATH

		10011
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission)
М	Montgomery. MARYLAND	. STATE md, b. COUNTY montgomery
И	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give pearast town)	12010
	Dethesda 28 hrs	2) Dilyer Spring
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	1 Sudulan	12308 KANSAS AVENUE YES NO X
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	DECEASED COLOR	OF .
1	(Type or print) SUSIE A	SKINS DEATH SEPT 10, 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	7	1890 last birthdey) Months Deys Hours Min.
	7 WIDOWED DIVORCED	707 1 /Oyas. 7
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ax Home noul	ma. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	aliza din asleman	
	- are the contract	agues,
		NFORMANT / Address 2 308 Tansas
	(Yes, no, or unkown) (Ifyesgive weror detes of service)	loward USKINS ave. S. Shring
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	(S D7) I INTEDIVE BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (e)	ementage 36 hours
	443X DUE TO	
		Customer I. De a link ou
	Conditions, if eny, which gove rise to immediate cause	Cardiovascular Disease Unknown
	(e), steting the underlying DUE TO	
	cause lest.	
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACCIDENT WAS UNDERLYING 206. ACCIDENT WAS UNDERLYING 206. OF CONTRIBUTING CAUSE OF DEATH 206. OF CONTRIBUTING CAUSE OF DEATH 207. DESCRIBE HOW INJURY OCCURED 107. DESCRIBE HOW INJURY OCCURED	PERFORMED?
	5 Correct File	we will be a second of the sec
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Part I or Pert II of item 18,)
	UF EITHER, NOTIFY MEDICAL EXAMINER)	
	3. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLA	CE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
	Hour a.m. WhileNot While	ory, street, office bldg., etc.)
	Hour e.m. While Not While p.m. 19 et work	
	21. I certify that (I) (this hospital) attended the deceased from	Sept - P 1961, 10 Sept 10, 1961, that (1) (we) last
		death occurred at 12:30 from the causes and on the date stated above.
		22b. DATE
	22a. SIGNATURE AB CD 2.6	ATTENDING MED. STAFF SIGNED
	Jene U. John M.	
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) (TENE U. COHEN M-D.	931 PERSHING DR., SILVER SPRING
		MD
	230. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY	OR CREMATORY 231 LOCATION (City, town or county) (State)
	Dunal 7-10-61 Hall 1981	norial, aandy offing, ma
	24 FUNERAL DIRECTOR'S SIGNATURY ADDRESS A A	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
		CEP 13 61 Outling & Thank
1 7	Kal + 1 A	DATE SEP 13'61 Cultura S. Turne

HIROL the second second second second second I West San L The Fit Ack Masson of granding Miles TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death case 4 may be retained by the hospital or attending physician.

TO FORERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the twerfal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10312

1. PLACE OF DEATH •. COUNTY	1	2. USUAL RESIDENCE	JE (Where decessed lived, If institute b. COUNTY	tion: Residence before edmission)	
Montgomery	ARYLAND	District of Columbia			
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	F STAY IN 16		f outside corporate limits, write RUR	AL and give nearast town)	
_Bethesda (Rural) 2 da		Washingto	n l	HIX 3	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address)	d. STREET ADDRESS		. IS RESIDENCE	
U. S. Naval Hospital		3040 Fox H	all Rd. N. W.	YES NO NO	
3. NAME OF First Mid	dle	Last	4. DATE Month	Dey Year	
(Type or print) Hilda Jans	son]	Barringer	DEATH Septemb		
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER M	ARRIED 8.	DATE OF BIRTH	9. AGE (In yeers IF UN last birthdey)		
Female Caucasian WIDOWED DIV	ORCED [10-29-96	64 yrs. Mon	the Days Hours Min.	
10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	SS OR INDUSTRY		ty & State, or toreign country) 12	2. CITIZEN OF WHAT COUNTRY?	
Housewife		Washington	. D. C.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN		-	
Ernest N. Janson		Amelia Eb	erly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR	TY NO. 17. IN	FORMANT	Address		
(Yes, no, or unkown) [ffyesgivewerordatesofservice] NO 579 56 56	689 (H) 1	Victor C. Ba	rringer Same a	s #2 above	
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b),				INTERVAL BETWEEN	
		Elina		ONSET AND DEATH	
IMMEDIATE CAUSE (a) 1185 PIRA	TORYI	Failure		36hR5	
DUE TO					
Conditions, if any, which) b) Ade NO Co	REINO	ma, met	astatic	3 705	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	10 1 01		
(a), stating the undarlying DUETO couse lest.	o Biolo	na Poin	2004 Panic DOG	c 6mos	
			JAI DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20b. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BOT NOT	KEEP TO THE TERMIN	THE DISPLACE COMMITTEE STREET IN	PERFORMED?	
ZDB. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW IN	JURY OCCURED.	Enter neture of injury in I	Pert I or Pert II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCUR Hour a.m. While Not While at work at work		E OF INJURY (Homa, farm y, street, office bldg., etc.		(County) (State)	
Hour a.m. P.m. 19 While Not While at work at work		,,	1		
21. I certify that (1) (this hospital) attended the dec	eased from S	eptember 5	19 September	719.61 that (1) (we) last	
saw the deceased alive on September 7 19 6					
22e/ SIGNATURE				22b. DATE	
Shamer of Kilhim	- M.E	D.11146	AED. STAFF	eptember 8, 1961	
22c. PHYSICIAN'S	Y M.L	22d. ADDRESS		eptember 0, 1901	
NAME (Type) THOMAS B. LEBHERZ, CAP	T MC USN		al Wagnital Pat	handa Md	
			al Hospital, Bet		
DELICATION AS A CONTRACT OF THE CONTRACT OF TH	OF CEMETERY O		23d. LOCATION (City, town or		
Burial 11 Sept 1961 Arlin	ngton Na	tional	Arlington	Va.	
24 FINEMAL DIRECTIONS SIGNATURE DUM CHANGE	22	25a, REC	D BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE	
Robert A Pumphrey Funeral Home	thords	MA DATER	D d o los		
7557 Wisconsin Ave. Be	etnesua,	MC. DATESE	P 13 '61 Contag	S. Kraus	

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FOR STATE HEALTH DERT. please account the certificate writing the word "pending" in pendin to the second of the certificate, writing the word "pending" in pendin them 18. Give Pages 1, 2, and 3 to 1. The land director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72-houry after death.

VS. A15ME 5M 7/59

We.

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10318MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH 1 2. USUAL RESIDENCE (W	here decessed lived, If institution away to be A dm ssion)
a. COUNTY a. STATE M.	b. COUNTY M
b. CIYOR TOWN I' outside consciole lim is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN I dues	de corporate I m ts, write RURAL and give bearast town
write RUKAL and give neerest town!	
d. NAME OF HOSP TAL OR INSTITUTION (it not in hospital, give streat address) d. STREET ADDRESS	R SPRING . IS RESIDENCE
8511 Ma 11 D)	Mariell DI ON A FARM?
	ATE Month Day Yeer
DECEASED (Inc. a solution of the solution of t	F 7 4 4 4 4
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH	19. AGE HIN YEARS IF UNDER 1 YEARS IF UNDER 24 HRS.
	last birthdey) Months Days Hours Mn.
100 Mare White WIDOWED DIVORCED Guly 1, 1896	gn country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	1 11 5 3
13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME	<u> </u>
P D . 1	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17, INFORMANT	Address 1002 Road To
(Yes, no, or unkown) [(Ifyesg'vawarordelasofservica)	6702 Daray Ave
18. CAUSE OF DEATH [Enter only one cause pgr line for (a), (b), and (c),]	enbaum West Springfield, Va.
PART I. DEATH WAS CAUSED BY: Ster. To manageration	ONSET AND DEATH
11201	ulley sudden
Conditions, if any, which) (b) Ollyworky Oceluso -	E. Ala
geva rise to immadiate causa	The second
(a), stering the underlying DUE TO () OLD 1 CLASS (A) TOSLOGICALOSA	and Muhamma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 112 19. WAS AUTOPSY
E Bree Sterry 10 1 1 Fr. Com Paris	PERFORMED?
15 ON CONTROL OF THE TOP OF THE PROPERTY OF TH	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c, TIME OF INJURY Month, Day Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ; 20	(City or town) (County) (State)
Hour e.m. While Not While factory, street, office bldg., etc.]	(
21. I certify that I took charge of the remains described above, held an Autopsy . Inspe	ction , Inquiry , and in my opinion
death resulted from: Natural causes IV. Accident II. Suicide II. Homicide II.	Undetermined manner
CHIEF MEDICAL EXAMI	
SCTUBLE A A B	
SIGNATURE DEPUTY MEDICAL EXAM	
NAME (Type) FRANK J. BLOSCH 247 Address/Steet, city, to	7 7 2 3 4 6 /
228 BURIAL, CREMATION 226 DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 22d.	LOCATION (City, Jown, or country) (Stele)
BURAL Specify 4/27/61 DETH SHOLOM EMC	At: 11ts- MX.
23 FUNERAL D.RECTOR ADDRESS 248. REC'D BY	REGISTRAR 246. REGISTRAR'S S GNATURE
Galdeg Jules Hall 4217-9 - Merbare	27'61 Outland & Flouid
The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10310 eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence a. COUNTY MODITIONERY MARYLAND Mary land death. b. CITY OR TOWN IIf outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town)
Silver Spring shauld Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS MORINSTITUTION 24 10620 Georgia Ave. 1500 Gridley Lane NAME OF Middle DATE Month DECEASED OF DEATH liume ur (Type or print) within 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) DIVORCED | WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPEACE (State or foreign country) Takoma Park Md. Infant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jean M. Belhumeur Jr. Lea Dextraze 17. INFORMANT 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address nine was as dates of service. Mr Jean M. Belbumeur/1500 Gridley Lang SS Md. None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 70. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. **burnal-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate CERT 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) Hour foctory, street, office bldg., etc. o. m. While Not while 19 of work of work o. m. 21. I certify that I attended the deceased fram 19____that I last saw the deceased toched alive on and that death occurred at 12 M, fram the causes and on the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATUR

v Jan the registrar 96od 9

15M 9/55

PHYSICIAN'S

NAME (Type) 220. BURIAL, CREMATION,

REMOYAL (Specify)

PLIND RAY CHECTORES SIGNATURE **ADDRESS** he 2434 Ca Ave SS Md.

22c. NAME OF CEMETERY OR CREMATORY

RMKKIKWN

22b. DATE THEREO

240, REC'D BY REGISTRAR DATE SEP 1 3 '61

Cate of Heaven

246. REGISTRAR'S SIGNATURE Cultura D.

22d. LOCATION (City, town, or county)

Silver Spring MA

Rea. Dist. No.

Months

e. IS RESIDENCI

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍 NO 🔽

> > (Stote

(State)

12 CITIZEN OF WHAT COUNTRY?

Dovs

(County)

APIT

ON A FARM?

YES NO-12

Year

196

Min.



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please

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signed by

.10

DIRECTOR:

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VR A15 (4)

15M 9/60

prior



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filled

physician

certificate

Affer

director, I

VR A15 (4)

15M 9/60



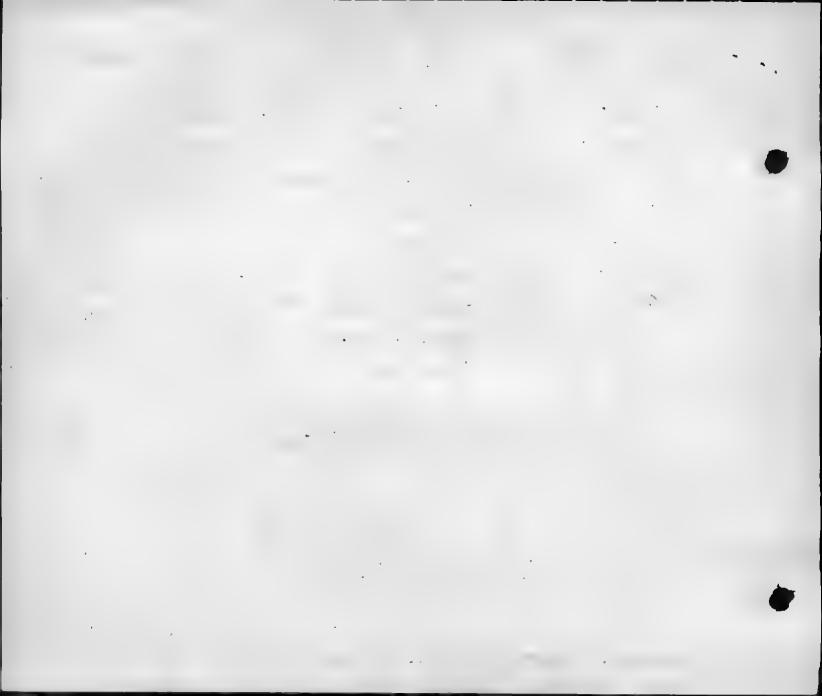
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10322

CERTIFICATE OF DEATH

	1. PLACE (OF DEATH	N/A		. /		2 USUAL RES	DENCE (Whe		. If institution Res	والعامامامة	odnission)	
	0. 000	1411	11100	MEGO	MFOX "	MARYLAND	O STATE	D. C.		b COUNTY			
/			outside corpor	ote limits, write	c. LENGTH OF	STAY IN 1b	c. CITY OR	TOWN (IF ou	tside corporate li	mits write RURAL	and give neares	t town)	
	RUR	RIGA	O P	Y MEZ	1 8 W	105	1	L)AS	HINE	MOTE	4.	X 2	
	d. NAV	AE OF HOSPITA	AL (It not in hos	pitol, give street	oddress)		d STREET	ADDRESS				IS RESIDENCE	
	OK	BROO	HE (\$80/E	Tours	AOI.TR	40	76	TISBU	BE /	- 1.30% . 1 l	ON A FARM?	
	3 NAME DECEAS	OF SED		First	M	iddle	e lo	st	4. DATE OF DEATH	Month	Day	Yeor	
	(Type of			ENNA		6	RI	AIR		SEPT	- 7	19 (1)	
	S. SEX		6 COLOR OR	RACE 7 MAR	RIED NEVER M	ARRIED	B. DATE OF BIRT	Н	1/2/19. AC	E (In years IF Jr t birth loy) Mon		UNDER 24 HŘ Iours Min.	
	HE	EIAM	L'AU	WIDOW	/ED DIVO	DRCED 🔲	30 IV	TAY.	1392	1,90	ilis Doys F	TOUTS MILIT,	
	10a USLA	L OCCUPATIO	N (Give kind o	wark dane 10b	KIND OF BUSINE	SS OR INDU	TRY 11. BIRTHP	LACE (Stote b	r foreign country	12	CITIZEN OF W	HAT COUNTRY	Y?
		etired			Seamstre	SS		EX4	15		0.5	· +tt a	
	13. FATHER	P'S NAME	- V	2 0			14. MOTHER'	MAIDEN NA	ME				
Ì	2	FET 'S	FIR (/. (-)	IRRS	5		KA	TE" / f	HALL	z NC		
	1s. WAS D	ECEASED EVER	IN U 5 ARMS		. SOCIAL SECURITY	Y NO. 17 II	IFORMANT			Address	610	Ollhus	5001
	N		763, 1916 401 01		50-28- 61	L22	MAS	OVAL.	DH (1)	MA	11.00		HILL
	1B. C.	AUSE OF DEA	TH [Enter only	one cause per l	ine far (a) (b), and	(c).]			444 OM		TO L	AL WIN	W
		PART I. DEAT	TH WAS CAUSE	D BY	4110	M	1-4				° Y		
		100		OUE TO			1	^	0		1-2	-drain	4403
	Con	ditions, if or	1	41.	() () ()	D 400	DI E	4900	me (YV	INM IST	ENT TO	tre &	.XC
	gave	e rise to in	nmediate (DUE TO	4 1/1	M-7-4-4		110	4011	CX 1-2/10	100	7117	1012
		e (o), stating (a couse lost.	he <u>under:</u>	(c)									
	z ===	PART II. OTH	ER SIGNIFICAN	1.7	CONTRIBUTING IC	Q DEATH BUT	NOT RELATED TO	O THE TERMIN	IAL DISEASE CON	IDIT ON GIVEN IN	PART 1(a) 19	WAS AUTOPS	Y
	¥	Æ	1 OAS	INNICE	DIA.	Die	ZN SI					PERFORMED? ES NO [3	3 -
	20a. A	CCIDENT WA	S UNDERLYING	20b DE	SCRIBE HOW INJU	RY OCCURRE	(Erner nature	of injury in Po	art I or Part II of	item 18.)			_
	OR CO	ONTRIBUTING THER, NOTIFY.	CAUSE OF I	DEATH! IINER}						>			
		ME OF INJURY	/ Month, Do	ıy, Year 20d	INJURY OCCURRED	20e. PL	ACE OF INJURY	(Home, form	20f. (City or to	wn)	(County)	{Stat	 iei
	WEDICAL	Hour a.m.		19 While	Nat while	Tai	lary, street, offic	e bldg. , etc.)					
	2	p. m.	<u> </u>	A.			-1/11/	701		+7	(6)		-
		certify tha		spital) latten	ded the decea	~	/ /	WIN	10	<i>-</i>	19_ W 2, that		
		the deceas	ed alive on		19.(1)	and that	leath accurre	d at 32	M, tram the	causes and on	the date st	ared abave	<u>e.</u>
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	22.0	HYSICIAN'S	NW A	111107	WW.	11177	M.D. PHYS		ECTOR L PH	YS 🗌	A 4	4/201	
		AME (De)	ALLA J	(D) (Mran W	TWI	M	```M		James I	CAN	* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10.10
			Sura	1-10	144	1-1-1/1-1	111	17/12/	いにはて	ELATEN	אואלייי	M	\overline{u}_{A}
	REMO	VAL (Specify)	N. 235 DATE	THEREOF	23c. NAME OF	CEMETERY	R CREMATORY		23d LOCATION	(City, town, or cou	M M	ARV	MA
	Gre	matto		/61	Cedar	Hill	Cremat	-			ryland		
		AL DIRECTOR'S		hrev	ADDRESS Bethesda	- 34.	cvland	25a REC'D	BY REGISTRAR	2Sb. REGISTRAR			
	i Rob							DATE 199		arth	12 8 Heart		



AND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** USUAL RESIDENCE (Where decresed lived, if institution; 1. PLACE OF DEATH . COUNTY b. COUNTY c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give neerest town) YES INO W 3. NAME OF DECEASED (Type or print) 6. COLOR OR RACE IF UNDER TYEAR 9. AGE (In years WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? one during most of working life, even if retired) 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) (If yas giva war or datas of sarvice) UNKNOWN 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c) ONSET AND DEATH I. DEATH WAS CAUSED BY: muchela Orman IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 611 19. WAS AUTOPSY PERFORMED? NO K 2Db DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Parti, or Port It of Item 18.) 2De EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. | 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. [C ty or town] | While | Net While | factory, street, office bldg., etc.) (County) (State) Month, Dey, Yeer 2Dc. TIME OF INJURY While . Not While et work at work O.R. Inquiry 😿 and in my opinion forwarded to DIRECTO Undetermined manner Accident [Su cide Hom'cide Natural causes 🔀. death resulted from CHIEF MEDICAL EXAMINER DATE SIGNED ASS STANT MEDICAL EXAMINER should be for SIGNATURE MELLO Address Street, city, lown or county) (State) D REMOVAL (Specify) KING DAVID MEMORIAL GARDEN-FALLS CHURCH-VA 940 g W. 240 REC'D BY REG STRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Sons-3501-141 acthur & Kraul 5M 9 6D

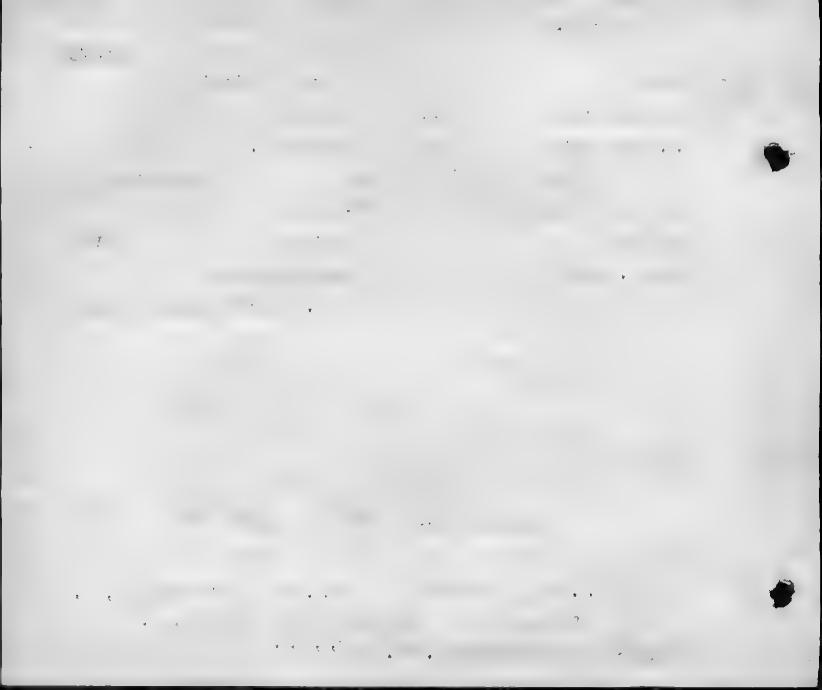


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10326 il director filed with . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence a. COUNTY MARYLAND Montgomery aomerv the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Silver Soring
d NAME OF HOSPITAL (If not in hospital, give street address) Silver Spring d STREET ADDRESS IS RESIDENCE 2 Lauer ON A FARM? 25 Terrace YES NO K 2 Lauer Terrace NAME OF First Middle 4. DATE Manth Day Year DECEASED JOHN EDGAR DEATH BOYLAND ban papers Pages 72 haurs after death (Type or print) 2. / 1961 臣 B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE (n years Josephirthday) Months Male White WIDOWED [7] DIVORCED | Ga. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Heating & Plumbing Washington. Contractor puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within physician John Boyland Wellie O'Brien remove 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Lauer Young Boyland predse ony Silver Soring, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] THITERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) -Jane. pu₀ **DUE TO** څ permit. remayal, Conditions, if any which CL mervir or attending physician. s certificate has been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit CERTIFICATION PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO NO recorderone K 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) **DIRECTOR**: After this certificate as the use as the ta burial, 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur o.m. While Not while at work at work p. m. be detached far 21 I certify that (1) (this hospital) attended the deceased fram. 1955 ひをマルミップ19 that (I) (wet last saw the deceased alive an Sept 1822 1946, and that death accurred of 24M, from the causes and an the date stated above. 22a SIGNATURE 225, DATE SIGNED MED.
DIRECTOR ATTENDING STAFF PHYS. PHYS M.D. shauld 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) page 3 sh the State I 23g. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, tawn, or county) (State) O FUR REMOVAL (Specify) Olivet Cemetery Washin ton. 25-1 24, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Wash 6 DE 250 REC'D_BY_REGISTRAR 25b REGISTRAR'S SIGNATURE VR A1S (4) DATE 1SM 975



ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1/c1/61 _ nwk Fi.m 6295 2. USUAL RESIDENCE (Where decessed lived, if institution, ledded for admiss on) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND Montgomery District of Columbia b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) LENGTH OF STAY IN 16 write RURAL and give nearest town? Bethesda (Rural) 5 days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington filled i a. IS RESIDENCE ON A FARM? YES NO Naval Hospital 4413 46th St. Middle DECEASED DEATH (Type or print) Overton (N)19 Brooks September 16 AGE (In years I UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) Months Devs Hours DIVORCED Mala WIDOWED Caucasian 10a. USJAL OCCUPATION (G va kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE County & State, or foreign ountryl physicia done during most of working life, even if retired) Congressman usi **Loui**san∎ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending and Claude M. Brooks Penelope Overton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mollie M. Brooks (W) Same as #2 above NITEVAL BETWEEN the 18. CAUSE OF DEATH [Enter only one cause per line for (e), b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 Kan IMMEDIATE CAUSE (e) Conditions, if any, which geva risa to immediala causa **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY icale PERFORMED? NO T rochosseumona 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work al work saw the deceased alive on Saptember...16...19...61, and that death occured at 1.1.00, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) U.S. Naval Hospital Bethonds, Md. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) AFO Burial September REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERALIDIRECTOR'S SIGNATURE VR A15 (4) ashington, 6, 15M 9/60 Home Chillian & Thous

MARYLAND STATE DEPARTMENT OF HEALTH



70296

MARYLAND STATE DEPARTMENT OF REALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	4.002.0		
4	I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decreased live e. STATE b. C	d, If institutions residence is the caladraission
4	Montgomery MARYLAND	Maryland	Montgomery
	b. CITY OR TOWN (if oulside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outs de corporete limits,	write RURAL and give nearest town,
-1	Rockville	Rockville	-
-	d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, give street address,	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
.	1102 Edmonston Drive	1 / 1102 Edmonston D	rive YES 🗌 NO 🔀
	DECEASED	OF	Agnih Dey Yeer
	(Type or print) Garnett 6, COLOR OR RACE 7, MADDIED TO NEVER MADDIED TO 1 8		tember 4 1961
	A. MAKKED M. NEVER MAKKED	last birtho	Months Days Hours Min.
	Male White , WIDOWED DIYORCED	10/6/91 Y 11 B.RI HP. A CE (County & Stele, or foreign cou	5. 10 28 ntry) 12. citizen of what country
	done during most of working life, even if refired)	1	
	U.S. Gov't Retired	Virginia 14. MOTHER'S MAIDEN NAME	_ USA
	Davis A. Brown	Alice Edwards	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. 1 [Yes, no, or unknown] (Ifyesgivewerordeteapfservice)	INFORMANT	dress
	. WW_1 _ None I	Helen C. Brown-Wife-	same 2d
	18. CAUSE OF DEATH [Enter only one cause per line for .e., .(b) and .(c] PART I. DEATH WAS CAUSED BY:	~ - 4 0	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) CENTRAL MAI OO	Taxis a Termontes	ge 6 His.
	DUE TO	na of Pancieas	IC MO
	Conditions, if ony, which gove rise to immediate cause	na of vanccease	18 110:
	(e), stating the underlying DUE TO	· ·	
	COURSE TO THE SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUTING	OT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 16 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?
	206 ACCIDENT WAS UNDERLYING [] , 286, DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pert I or Pert II of Itam 18,	
	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AUSE OF DEATH		
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA	CE OF INJURY (Home, ferm, 20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e PLA	tory, street, office bldg., etc.)	
	21 I certify that (I) (this hopp tal) attended the deceased from	May 196. to Sept	19.6 (, that (l) (we) las
	saw the deceased alive on 4 pT 3 , 1961, and that	death acured an inth, from the cau	
	220. SIGNATURE	ATTENDING MED STAFF	9/4/61 DATE
,		D PHYS. DIRECTOR PHYS.	
Н	ANAME JYPH)	22d. ADDRUSS V. MONTHOM	ERY HVE
	238. BUR AL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (CIT	v. town or county) (Stets)
	REMOVAL (Specify)		************
			n, virginia
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	25e. REC'D BY REGISTRAR 25b	, REGISTRAR'S SIGNATURE

TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

JO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the Eurial-fransit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, demaiton, or removal, and in any event, within 72 hours after death

YR A15 (4) 15M 9/60



AARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions a. COLNIY by the MONTGOMERY MARYLAND OR JOWN (If outside corporate limits, write RURAL and give nearest tow CITY OR YOWN (f outside corporate) write RURAL and give nearest town) akoma Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital NAME OF papers n 72.h DECEASED OF (Type or print DEATH within carbon SEX AGE (In years | IF UNDER 1 YEAR lest birthday) Months WIDOWED DIVORCED USUAL OCCUPATION (G ve kind of work гетоуе 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Dept, of A Ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOC AL SECURITY NO (Yes, no, gaunkown) (Ifyesgivewarordalesofservice) 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118, 19. WAS AUTOPSY Š 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of enjury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (Clty or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D. m. 21. | certify that (I) (this hospital), attended the deceased from. ...19 QC, and that death occured at AAM, from the causes and on the date stated above saw the deceased 228 SIENATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. O lolesville Road. NAME (Type) T VT T 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)

Arlington National

IS RESIDENCE ON A FARM? YES NO

196/

IF UNDER 24 HRS.

PERFORMED?

(State)

22b. DATE

Cam tery Arlington Co. Virginia

arlus & France

INCADDRESS I VOT SDELING, M260-RECED BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DAREP 1 9 '61

SIGNED

YES W NO .

0 VR A15 (4) 15M 9/60

REMOVAL (Specify)

9/18/61

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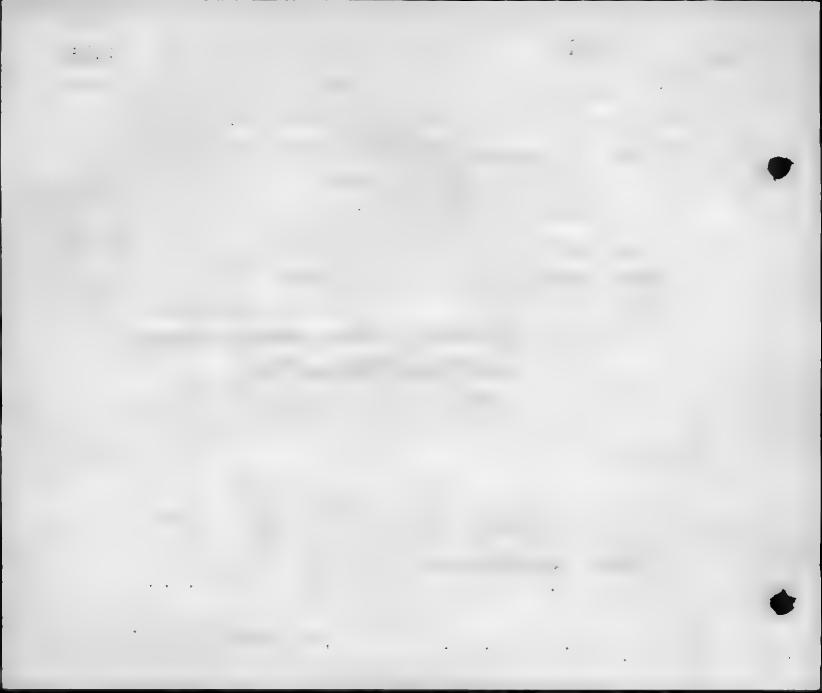
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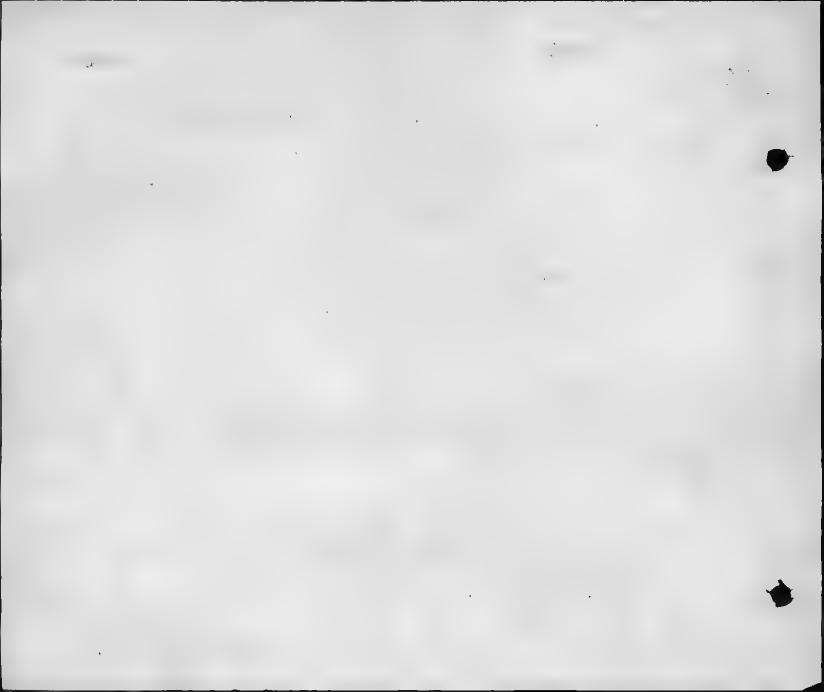
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DIRECTOR:

hosp



MARYLAND STATE DEPARTMENT OF HEALTH



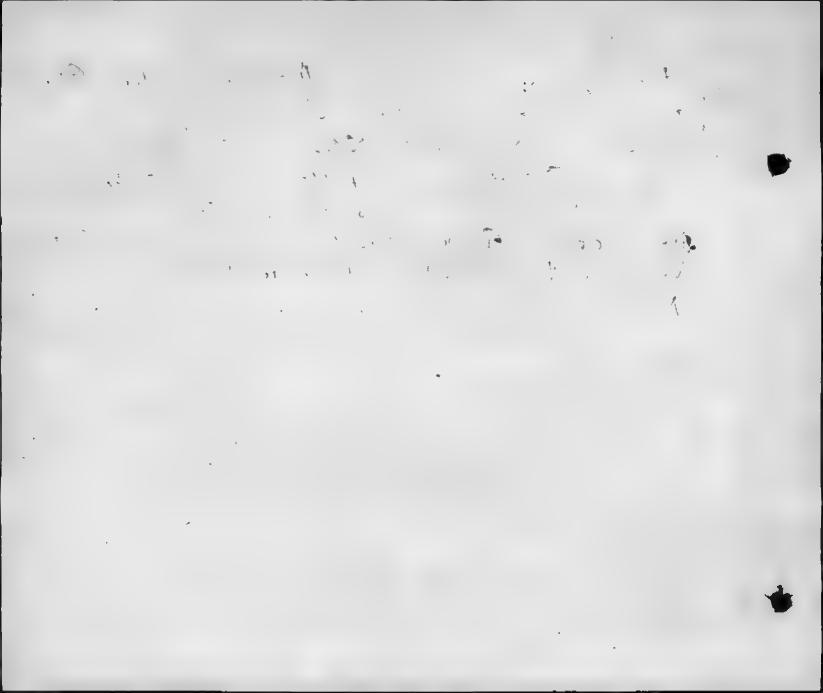
FOR STATE HEALTH DEPT.

of Health, sneral director, Page delay is necessary, TO DESTRUCTION TO This certificate should be executed within 24 hours after death. If delay is necessary please execute the certificate, writing the word "pending" in bencil in Item 18. Give Pages 1, 2, and 3 to the chief word in the Chief Medical Examiner's Office along with form PM3. Page 5 may be rewined for your files 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Healt or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	20000
1	PLACE OF DEATH 2. USUAL RIGIDENCE [Where deceased lived, if institution of leadings or) a. STATE b. COUNTY
	DONTON MERY MARYLAND C. CITY OR TOWN (If durids corporate limits, write RURAL and give neerest lown)
~	Write RURAL and giv rearrange with the RURAL and giv rearrange with RURAL and give rearrange with the RURAL
	A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARMY.
	VUCISA JANG HOSP 18315 14 COCK. YES 1 1815
	NAME OF DECEASED (Type or print) Audit OF Lest DATE Month Day Year OF THE OF T
	SEX 16. COLOR OR RACE TO MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
	WIDOWED DIVORCED S-26-03 John Months Days Hours Min.
10a do	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country)
4	PATHER'S NAME EATHER'S NAME A STHERES MAIDEN NAME A STREET MAID
13.	Walter R. Byrd. Poperte Boswell
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? LIG. SOCIAL SECURITY NO. L. 17. INFORMATION
110	NO 235-09-/297 Mrs. Minnie E. Byrd, 8315 - 14th Ave.,
	18. CRUSE OF DEATH [Enter only one cause part ine for (e), (b), and (e).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) COLINGER AND DEATH DECELLARY
	H-3 C) DUE TO
	Conditions, if any, which (b)
	gave rise to immediate couse (a), stating the underlying DUE TO
	couse lest. (c)
ATON.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO MA
CERTIFICA	20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part II or Part II of Item 1B.)
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
MEDICA	Hour a.m. Whila Not Whila p.m. 19 at work at work 19 at work 19
	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from Natural causes Accident , Suicide , Honicide , Undetermined manner
	ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D.
	NAME (Type) FLANK J. Bruschahr Address (Street, city, town, or county)
22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata)
22	BURIAL SEPT 6, 1961 ROSELAWN MEMORIAL GARDENS BLUEFTEID WEST VIRGINIA
23	WARNER E. PUMPHREY, INC., SILVER SPRING, MD. SEP 6 '61 Outland S. Kraus



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hypurs after death. Page 4 may produce by the haspital or attending physician.
O FUNDAR A DIRECTOR: After this certificate has been signed by the attending physician and campletely fills by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, withing 72 haurs after death.

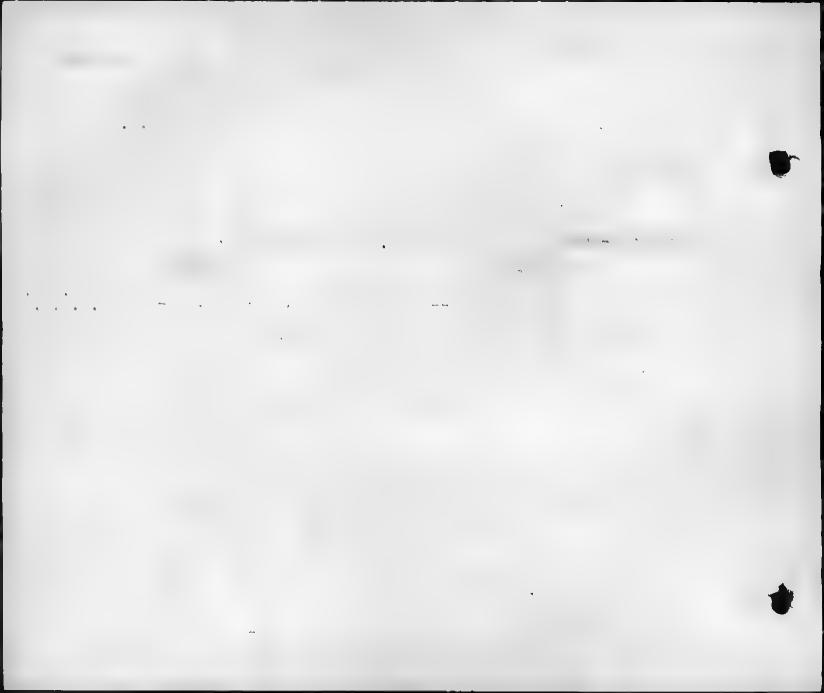
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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10330

	1. PLACE OF DEATH a. COUNTY ON AGO MERY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence to COUNTY b COUNTY b COUNTY C	Acaptalian)					
	b CITY OR TOWN (If autside carporate limits, write RURAL and give in RURAL and give nearest town) Sensing for the state of the state o	nearest lawn)					
	d Name of Hospital lengt in haspital average address Avenue Rending for Gardens Avenue 4801 Cannecticut Auc	e is residence on a farm? YES NO 2					
	(Type or print) Margaret F Calkoun BEATH 9	Day Year 1 1961					
	Female white WIDOWED DIVORCED OCT. 25, 1895 last birthday) Manths Day	AR IF UNDER 24 HRS 's Haurs Min.					
	and the same of the seen if retired 1. American Security parameters and	S A					
N	Unknown						
4	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 801	Conn.Ave.					
		NTERVAL BETWEEN					
ı	PART I DEATH WAS CAUSED BY. Sefivatory Paralyses	NSET AND DEATH					
ł	DUE TO A DATA O O						
ı	Conditions, if any which) (b) array of cophice lateral & alsome	1 year					
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c)	<i>O</i>					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO 7					
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not white of wark of wark of wark	ty) (State)					
		that (!) (we) last					
	sow the deceased alive on 11 200 1961, and that death occurred of 10 M, from the couses and an the do						
	226 SIGNATURE ATTENDING MED STAFF PHYS ATTENDING MED DIRECTOR STAFF PHYS ATTENDING MED DIRECTOR PHYS PHYS						
	22c Physician Soname (Type) George W. Reeves 22d Address 1746-K Ll 4-2. W.	ork D.C					
	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City fawn, or county)	(State)					
	Burial 9/6/61 Arlington National Cem - Arlington Virg	inia					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	TURE					



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate daceased lived, If institution: Residence before admiss on a. COUNTY es. Wh, b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (f octside corporala lim.ts, write RURAL and ofve nagrest lown) c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO DECEASED DEATH (Typa or print) Un years HE UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED 2 wit last birthday! Months Days WIDOWED 2 DIVORCED yrs. ع ک رہ 10a. USUAL OCCUPATION , G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, even if retired) pages WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO + 1 (Yas, no, or uptown) | (Ifyasgivawarordatasollervica) No 18. CAUSE OF DEATH [finter only one cause per ine for (e), (b), and (c), ? NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sudde IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if any, which gave rise to immediate cause N G DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? ould be No 🛂 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. writing to Chief A 20d. IN.URY OCCURRED 20a PLACE OF INJURY (Homa, farm 20f (C.fy or town) 20c. TIME OF INJURY (Courty) (Stata) factory, street, office bldg., alc.) ag o Not While While al work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry and in my opinion 50 g ate the standard of AL DIRECTO Natura causes Accident Suicide 1 Undetermined manner death resulted from. Homicide 1 CHIEF MEDICAL EXAMINER T ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) BUR.AL, CREMATION REMOVAL (Specify) Q40 p 246. PEGISTRAR'S SIGNATURE 24a. REC'D BY MG STRAR VS. ATSME SM 9 60



RYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 103321. PLACE OF DEATH 2 DISUAL RESIDENCE (Where decreed lived, 1 institution Montgomery Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate timits, e. LENGTH OF STAY N 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d Gaithersburg . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS ON A FARM? N. Frederick Ave. 519 YES NO W Montgomery General Hospital 3. NAME OF DATE Month Middle DECEASED 196 L Sarah Frances Sept. (Type or print) DEATH Carnes 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months and Hours female -6-1883 10 WIDOWED 10a. USLA, OCCUPATION (Give kind of work mty & Stata, or fora gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife Virginia USA há George Myers ding Ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT atten Address (Yes, no, or unkown) ([fiyasgiva war or dates of sarvica) Hospital Records unknown 1B. CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH 1 Rom 130515 PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO parterior laypertension Conditions, if any, which (b) gava risa to immediate causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa farm 20f. (City or fown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, straat, offica b dg., etc.) Not While While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased prive DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. M.D 22d ADDRESS S. MAME (TypGordon 23e. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 235 PATE THEREOF O 25a, REC'D BY REGISTRAR VR A15 (4)

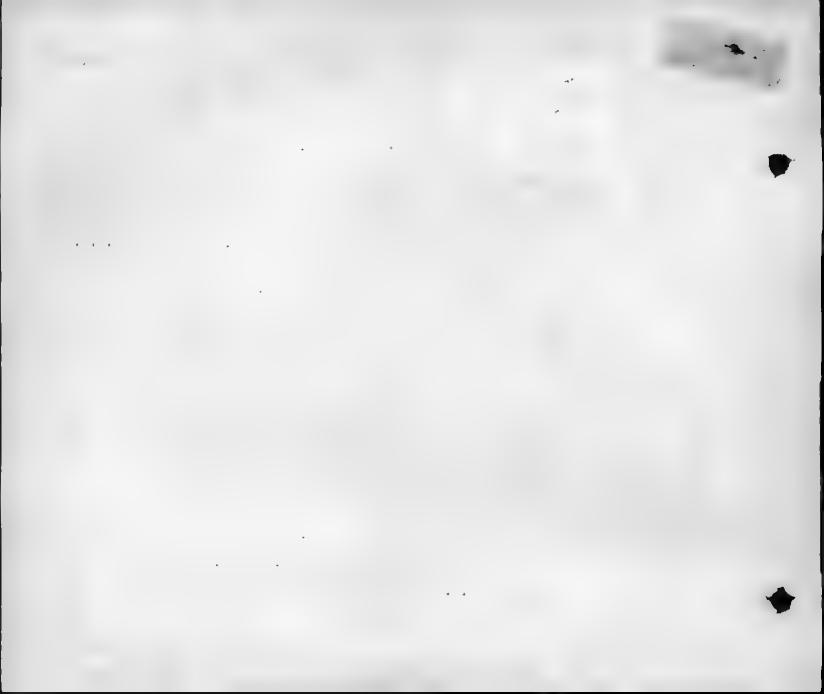
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death		thendin	please	within 7
at the		the o	Then	event
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yw req	sicion.	een si	ransit	l, and
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NDING	e hasp	t: After	sched fo	urial, c
R ATTE	d by th	RCTOR	be deta	ar to h
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	oine	TO FUN. (DIRECTOR: After this certificate has been signed by the attending physician and camplelely fill. by the funeral director,	Pould	trar pri
HOSPI	oy by	FUN	oge 3 s	e regis
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

13/555	OEKITIO/	TIE OI DEATH	Re	g. Dist. No.
I. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where decement of the Carolina	b. COUNTY	Residence before (bethinston)
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporole limits, write RURA	L and give nearest town)
Bethesda	lili days	Winston-Salem		
d NAME Of HOSPITAL (If not in hospital, give street or Institution The Clinical Center. Bet		d STREET ADDRESS 451 South Sunse	t Drive	e IS RESIDENCE ON A FARM? YES NO EX
3 NAME OF First	Middle	tost 4 DAT		
(Type or print) Nartha	Elizabeth	Carrington DEA	TH September	
S SEX 6. COLOR OR RACE 7 MAR		B DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS onths Days Hours Min
Female White wipow		November 27, 1898		onins coys Hours with
100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slole or foreign	r country)	12. CITIZEN OF WHAT COUNTRY
Housewife	None	North Caroli	na	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles Swing		Joyce Staley		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT The Medical		
No No	ot available Th	e Clinical Center	, Bethesda	ll, Maryland
18. CAUSE OF DEATH [Enter only one couse per li				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ESOC	hageal carcino	ma with respirato	ry obstruct:	ion L months
50 X DUE TO				
Conditions, if ony, which)				
gove rise to immediate				
couse (a), stating the under-				
The state of the s	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN	IN PART YOU IS WAS ALITOPSY
всяти				PERFORMED? YES IN O
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or I	Part II of item 18.)	
A Hour o, m. While	NJURY OCCURRED 20e. Pl. Not white rk of work	ACE OF INJURY (Home, form, 20f. (Carry, street, office bldg., etc.)	Lity or town)	(County) (State)
21. I certify that I attended the decease	ed from August 9	, 19 61, to Septem	ber 22,, 61 1	nat I last saw the deceased
alive an September 22 , 196	, and that death	occurred at 5:00 PM, fr	om the causes and	an the date stated above.
00/45	7 100		(Street, city or town, stole	
SIGNATURE / /C	minhor	M.D. The Clinical C	enter	9/22/61
1			tutes of He	alth
PHYSICIANN J. Kent Trinkle	M.D.	Bethesda 14. M	aryland	
220 BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O		CATION (City, lown, or co	ounty) (State)
Bur-Transit 9/23/61	Salone Co		nston Sale	100 100 100 100 100 100 100 100 100 100
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REG		AR'S SIGNATURE
Robert A. Pumphrey,	Bethesda, Ma	ryland	101	
		DATE DIST IN 1	OI Cail	



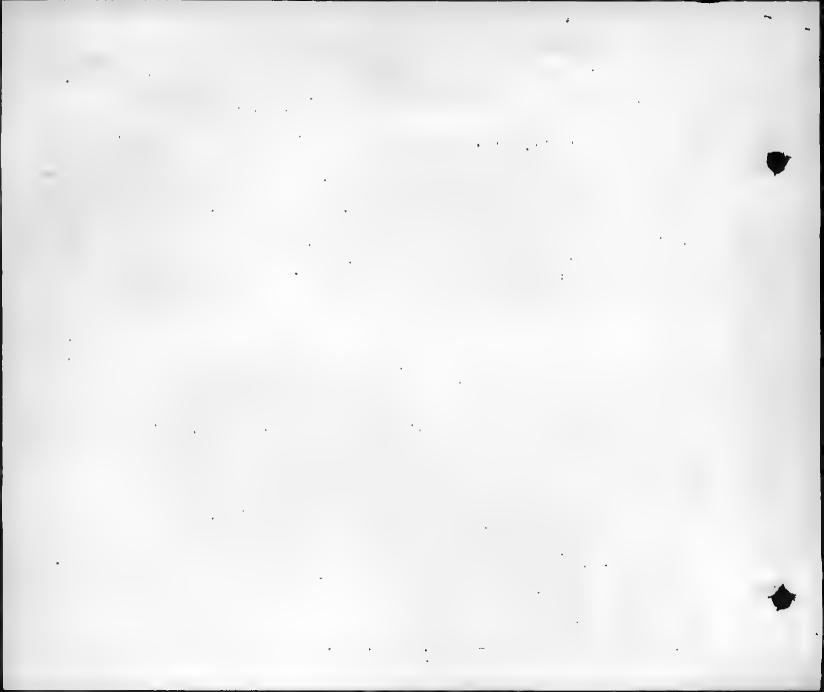
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		3334	CERTIFIC	AIE OF DEAI	Н	Reg. Dist. No.	
)	o. COUNTY	lontgome	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	there deceased lived. If inst	nty Montyone	9
	b. CITY OR TOWN (If outside RURAL and give regards to	wŋ) []	c. LENGTH OF STAY IN 16		outside çorporate limits, wri Kville	ite RURAL and give nearest town	1 1
	d. NAME OF HOSPITAL (IF IN OR INSTITUTION 210 E. M	ot in hospital, give street o	ddress) ry Ave	d. STREET ADDRESS	nontgome		FARM?
	3. NAME OF DECEASED (Type or print)	Beulah	Middle D	Carter	4. DATE OF DEATH Septe	mber 21,	Yeor 19 <i>6 </i>
	F	WIDOWE		B. DATE OF BIRTH Aug. 30, 19	706 P AGE (In ye lost birthdo	Py) Months Doys Hours	ER 24 HR
		e kind of work done 10b. K , ever if retired)	IND OF BUSINESS OR INDU	JERN 11 SIRTHPLACE (SION	e or foreign country)	U.S.A	
	13. FATHER'S NAME J. C. Wa	ddell		Chrocia	Mayes		
	1S. WAS DECEASED EVER IN U. {Ves, no. or unknown} (If yes, go	S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 10-34-7831	INFORMANT		Address	
	18. CAUSE OF DEATH (Er PART I, DEATH WAI IMMED	_	for (0), (b), and (c).]	heart fr	ilure	INTERVAL BE	DEATH
	Conditions, if any, wh	ich) (b) SH	reptococcu	s sore the	rost	5 42	242
	gove rise to immedia couse (o), stating the und lying couse lost.	DIE (DIE 70					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN Advanced pulmonary tuber eulosis - bilateral Thoracopias 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTION DOR CONTRIBUTION DOR CONTRIBUTION DOR CONTRIBUTION DOR CONTRIBUTION DOR C					PERFO	AUTOPS DRMED?	
)			
				(County)	(Stot-		
21. I certify that I attended the deceased from Oct. 25, 1954, to September 2/1961, that I last saw the alive an September 2/1961, and that death accurred at 4 AM, from the causes and an the date state					A, that I last saw the d	lecease	
	ACTUAL SIGNATURE	Then C. C	romuell	M.D. 615 W.	Montgomer		E SIGN
	PHYSICIAN'S Stopl	hen G. Cromwe	11	Rock	ville, Md		
	ACTION OF TOWNSHIP A	. DATE THEREOF /24/61	22c. NAME OF CEMETERY O	DR CREMATORY	22d LOCATION (City, to Derwood, Ma		le)
	23 FUNERAL DIRECTOR'S SIGN Tyson Theeler	ATURE TURE Lone	-1331 2. Loats	240. REC	D BY REGISTRAR 24b. R	REGISTRAR'S SIGNATURE	

ely filled in by the funeral director, Pages 1 and 2 shauld be filed with TO HOS TWI OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in may I ned by the hospital or attending physician.

TO FUNL IL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/SB

purs after death. Page



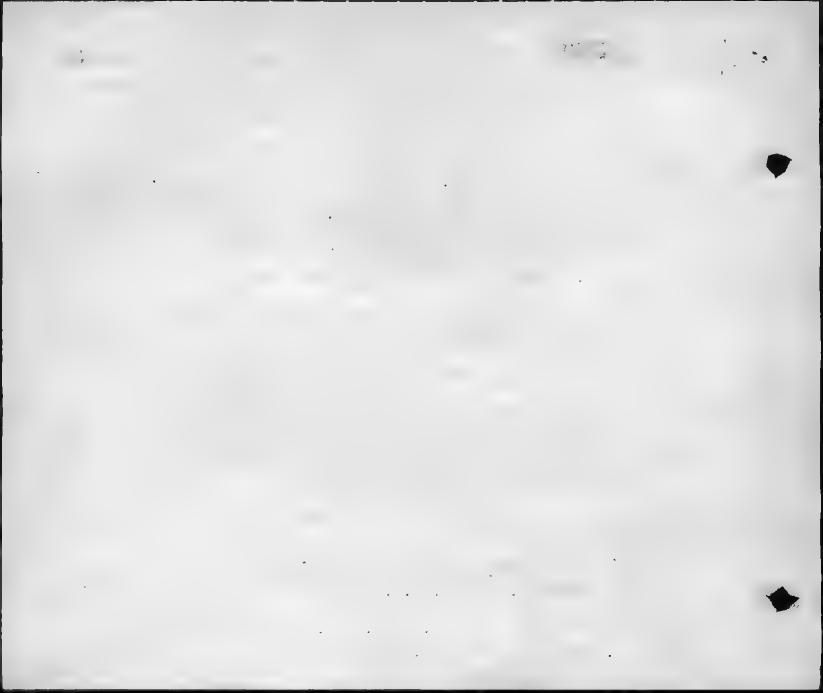
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH FOR STAT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: estd. director, Page or your files. pard of Health, e. COUNTY e. STATE **b.** COUNTY Montgone ry MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your f write RURAL and give nearest town} Bethesda 6 days Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE uneral ON A FARM? State B Suburban Conn. YES NO -NAME OF First Middle 4. DATE DECEASED OF (Type or print) DEATH Clarence September 11 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Page 5 may 1 st 1 and 2 with in 72 hours at last birthday) Months Hours Halle WIDOWED X DIVORCED Feb. 6. 1881 YPS. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratired) PM3. Pages Historian File pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emory R. Carter

15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Rogers Anna Address (Yes, no, or unkown) | (Ifyasgiva war or dates of service) and Son-Harold E. Carter 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Office along v burial-fransit p moval, and in ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) alus DUE TO gave rise la immediate cause 40 DUE TO The word "pending Medical Examiner's should be used as (a), stating the underlying ò uld be used a cause fest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION WAS AUTOPSY PERFORMED? NO F YES X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. writing the Chief A sage 3 sl WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED , 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (Stota) Not While factory, street, office bldg., atc.) Whila at work et work 202 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion Acute the central de la constant de forwarded to NERAL DIRECTO Natural causes death resulted from: Accident Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL DATE SIGNED SIGNATURE & EXAMINER'S NAME (Typa) hoschart Address (Street, city, lown, or county) shoul 22e. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₹40 p Burial Rockville. Marvland 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Pumphrey Bethesda, Maryland DATE SEP 1 arthur S. Krous 5M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY a STATE b. COUNTY Monisomery by the MERVIEND Montgomery Marvland b. CITY OR TOWN (if outside corporate I m ts, c. CITY OR TOWN (If outs da corporata I mils, write RURAL and give nearast town) E. a. LENGTH OF STAY IN 16 Š write RURAL and give narrasi town! .57 Bethesda Bethesda Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address d STREET ADDRESS IS RESIDENCE. ON A FARM? 4845 Crescent Street Crescent Street YES NO IX NAME OF M.ddle Last 4. DATE paper DECEASED OF EMMA CASTERLINE (Typa or print) DEATH Sept. 61. 19 carbon 5 SEX 6 COLOR OR RACE , 7. MARRIED | NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 3 last birthday) and Months Days House Female WIDOWED V DIVORCED 18, 1866 94 Yes. Oct 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if ratired) USA Housewife Own Home Pennsvlvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ъ. guip Burton A. Jones Marv Balck TO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17 INFORMANT affer Addrass (Yes, no, or unknown) | (If yes give were relates of service) Edna Casterline-Daughter-same 0 18. CAUSE OF DEATH [Enter only one cause per line for ,a], (b), and (c,] INTERVAL BETWEEN ONSET AND DEATH BART I. DEATH WAS CAUSED BY: 1 Mus LUZE MILO IMMEDIATE CAUSE (a) DUF TO raleyed artero selevosio been Conditions, if any, which gave rise to immediate cause DUF TO (a), stating the underlying causa last. PART II. OTHER'S GN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18) 19. WAS AUTOPSY cate PERFORMED? NO 3 20a. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING COAUSE OF DEATH 20b. DESCRIBE HOW NIJRY OCCURED, Enter nature of in any in Part | or Part | of item 18.) pe (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, NJJRY OCCURRED , 20a PLACE OF INJURY [Homa, farm, 20f. (City or town)] (County) (State) 20c. TIME OF INJURY Month, Day, Yaar While Not While factory, streat, office bldg., atc.) Hour a.m. at work at work DIRECTOR: ... 19.6.1, that ((1))(we) last 21. | certify that (II) (this hospita) attended the deceased from. (and that death occured at 9:36 M, from the causes and on the date stated above. should saw the deceased alive on . 22b. DATE 22a, SIGNATUR ATTENDING. S GNED DIRECTOR PHYS. PHYS. PS 4 22d ADDRESS 22c. PHYS CIAN S NAME (Typa) Elaine W. Murphy, M.D. 23d. LOCATION (City, town or county) 23a, SURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spec fy) 0:58 City. Mem. Park Crafton, Penna. |Bur-Transit| Alleg. 256. REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cirthur S. Hrana Bethesda, Maryland Pumphrey 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

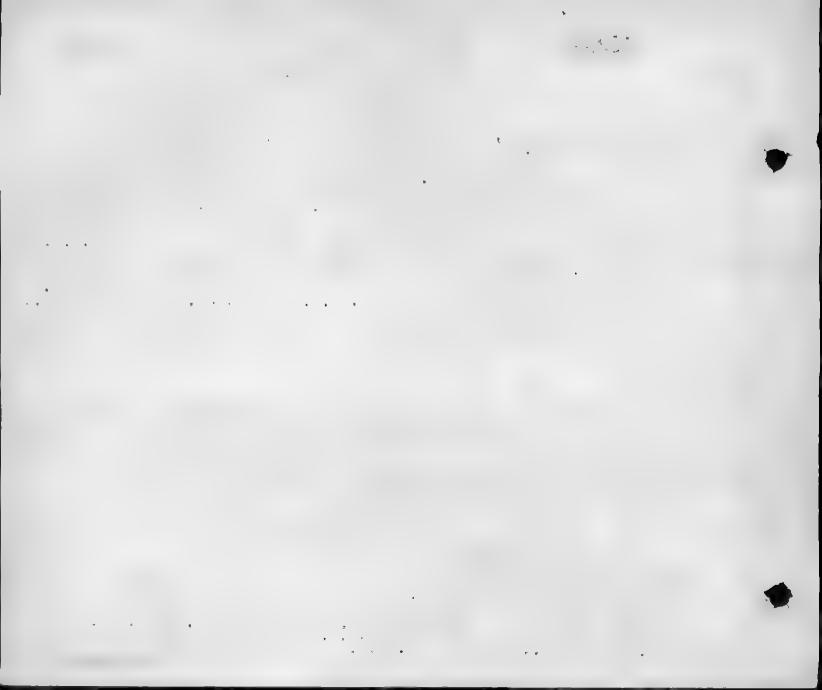
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash D. C. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 4 W. C.					23d. LOCATION (City, town	or county) (State)		
W. Chambers C. How Chaping St N. W. SFP 2 9 161 1		SHIP K-15. 9-27-61			. COLTON	CALIF		
W.W. Chambers Co /400 Chapin It NW. DATE SEP 2 9 '61 Outhor & Kraul		24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS, Was	R- P. C. 250. REC'	D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE		
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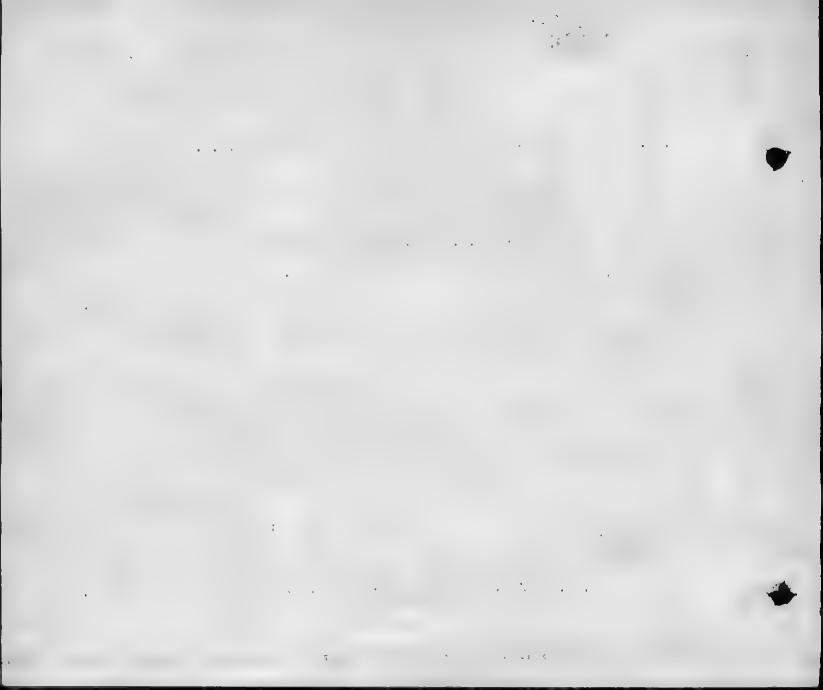
1	MARYLAND STATE DEPARTMENT OF HEAD	LTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE I, MARYLAND
FIR STATE	10338 MEDICAL EXAMINER'S CERTIFICATE OF	DEATH
HEALTH DEPT.	1. PLACE OF DEATH • COUNTY 2. USUAL RESIDENCE (Where death and the county)	eccesed lived, if Institution: Residence before edmission
Sag Sag	MARYLAND MARYLAND MARYLAND	b. COUNTY
	L CITY OF TOWN	parete limits, write RURAL and give operest town)
is neces of your f	By Flore Co.	11
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS) e. IS RESIDENCE
- # M	1 + Sentre of form Hand 5818 Used a	pilt GUS) YES NO NO
- 12 L/2 X	3. NAME OF DECEASED First Middle Last 4. DATE	Month Day Year
the of p	(Type or print) DENCE O 111 OF COTO	Selt 3 1961
death.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 15	. AGE (In years HE UNDER LYEAR HE UNDER 24 HRS.
TE B S S	male what widowed Divorced 1 6-5-60	last birthday) Months Devs Hours Min.
and 2, 2 h	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BISINESS OF INDUSTRY) II REPTHELACE (State of Application	
	done during most of working life, even if retired)	21-S. A
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hin 24 f Give Pa Tim PM3 File pag ent with	Harris 1 Catom Salar la	
S E E S	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT	Address
45 45 45 45 45 45 45 45 45 45 45 45 45 4	(Yes, no, or unkown) (Ifyes give wer or detes of service)	
wire win	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
slong slong transit band in	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Shock	ONSET AND DEATH
8 5 a.T	4 13.0 DUE TO	10 may - 1 may
should to still a should to still a shurial a shurial anoval.	Conditions, if ony, which ? (b) Hemanhage to pulmonary	Alexander
sho S s d a b b	geve rise to immediate cause	
ndir iner d as	(e), stelling the underlying DUE TO LACE AND BUT BY THE COLOR OF THE C	123/4
Tifficz Xamir used ion, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1,e) 19, WAS AUTOPSY
S ce produced be be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	PERFORMED?
This we led ice	20s. EXTERNAL CALLSE WAS 20b. DESCRIBE HOW INTERVOCATION OF INTERVAL OF INTERV	
新艺术与范		
Mriting Chief age 3 to bur	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. MACE OF INJURY (Home, ferm.; 20f. (Cli)	(County) (Stete)
- 西西南部 1777年日	Hour money Hour m	1. 10 - 1
Prior th	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection	The state of the s
- 開催出身型		determined manner
DIC.	CHIEF MEDICAL EXAMINER	1
M & S & P 1	ACTUAL TO ACCUSE MODIFIED ACCUSED AND ACCU	FR DATE SIGNED
Page 4	M.D. DEDITY MEDICAL EVANISHED	-
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esse ithou	220. BURIAL, CREMATION, 226. DATE, THEREOS 220. NAME OF CEMETERY OR CREMATORY # 22d. LOCAL	
0 240 9	Bu wind 9/5/6/ Che butter Churchlen 1	la between land.
H H	23. SUNERAL DIRECTOR 240. REC'D BY REGISTI	RAR 246. REGISTRAR'S SIGNATURE
VS. A15ME / 5M 9/60	Gron Wheeler - Rockville, may DATED 7 161	0
	TOTAL TOTAL TOTAL TENT TOTAL T	Chilling & Kraus





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 10340 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Washington City of 10WN (It outside corporata limits, write RURAL and give nearest fown) LENGTH OF STAY IN 16 b. CITY OR TOWN lif outside corporate lim ts. 多点 write RURAL and give negrest fown) Bethesda (Rural 27 days .E ---Seattle filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? U. S. Naval Hospital YES NO X papers n 72 ho NAME OF M ddle DECEASED OF (Type or print) Rita Marie Chambers DEATH September 19 61 Withi 6. COLOR OR RACE TO MARRIED NEVER MARRIED X SEX 8. DATE OF BRIH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. fest birthday) Months Days pue Hours Female Caucasian widowed DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) physician 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if refired Foreign Service Officer
13. FATHER'S NAME U.S. Government Nebraska USA 14. MOTHER'S MAIDEN NAME ple b Arthur W. Chambers T. Williams Ava 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) I (If yas givewar or dates of service) Doris Chambers (Sister) Same as #2 above 18. CRUSE OF DEATH (Enter only one cause par line for (a), (b), and (c) i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RT. ANTERIOR CEREBRAL CONGENITAL MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate causa **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO [prior USe 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 1B) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING LI CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., atc.) Not While While Hour a.m. at work at work 21. I certify that # (this hospital) attended the deceased from August 23, 1961 to September 19.61 that W) (we) last saw the decemed alive on Sept 19 19.61, and that death occurred at 5.15.1M, from the causes and on the date stated above. 22b. DATE 228 SIGNATURE 1961 SIGNED ATTENDING PHYS. Sept PHYS. DIRECTOR MD. 22c. PHYS CIAN'S 22d. ADDRESS W. MACKIE, CAPTAIN, MC, USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BUR.AL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Spacify) å å St. Joseph Cemetery Atkinson Nebraska 0 Burial-Shipment 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Wisconsin Ave. Bethesda DATES 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



PUMPHREY INC. SILVER SPRING, MD.

22c. NAME OF CEMETERY OF CREMATORY

MONTGOMER ON A FARM? YES TO NO 1 Year 30 196/ IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRYS 11,5. ABOVE INTERVAL BETWEEN ONSET AND DEATH 4EA-RS YES NO TH (County) (State) SILVER SPRING, MD. 22d. LOCATION (City, town, or county). (State) BEECH GROVE CEMETERY. POMEROY. MEIGS COUNTY. OHIO 24n REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Cultury S. Thomas

NO SI

220 BURIAL CREMATION, 226 DATE THEREOF

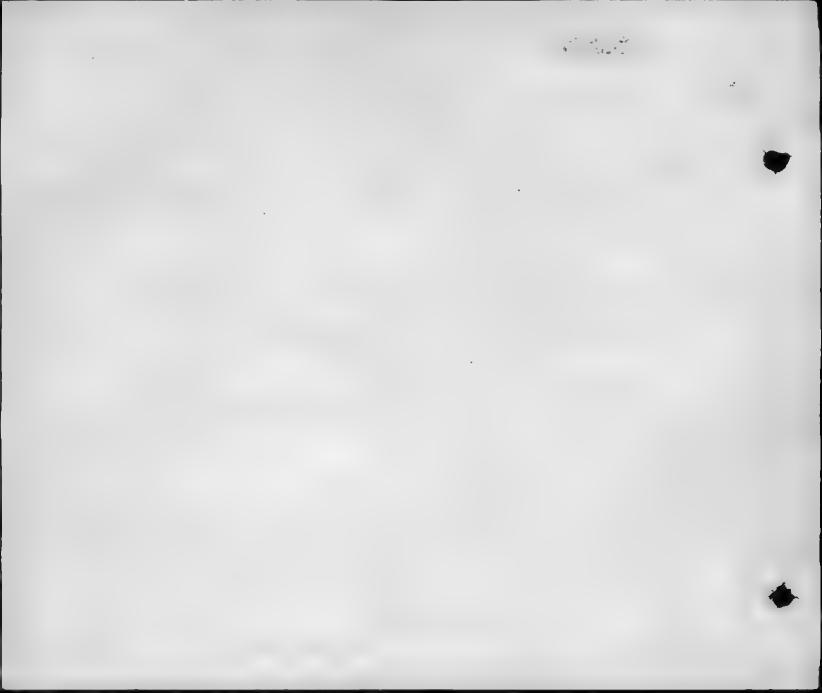
OCT .3.1961

REMOVAL (Specify)

BURTAL



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE Where deceased lived, if institution, Residence before edmission) I. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (foulside c. LENGTH OF STAY IN 16 outside corporate I mits, write RURAL and give necrest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO M DECEASED (Type or print) DEATH 19 6 AGE (In yours HE UNDER I YEAR IF UNDER 24 HRS. Months Days Hours DIVORCED [IDb. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages P.M3. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 1 17. INFORMAN Address 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-trans IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which (b) gave rise to Immediate cause DUE TO 35 (a), stating the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T. ON G VEN N PART 1(0) 179. WAS AUTOPSY CERTIFICATION PERFORMED? 2 Chief Medical I NO 🛂 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Jem 18.) 20a. EXTERNAL CAUSE WAS the Ch. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) factory, street, office bldg., etc.) While Not While at work [prior at work execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📆 Inquiry X and in my opinion agent death resulted from: Natural causes Accident Su'cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAM NER Address Street city town or county) 22c NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF (State) 40 ò VS. AISME SM 9'60



O HOSP ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 yours after death. Page 4 may the Sined by the hospital or otherding physician.

S FUNEX. DIRECTOR: After this certificate has been signed by the attending physician and completely file or by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. If god 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 bours after death.

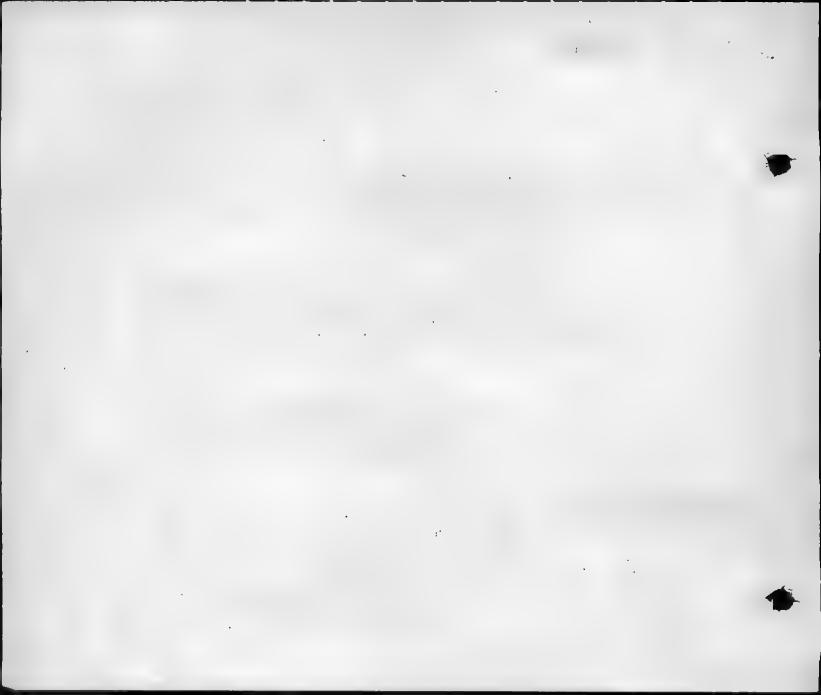
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

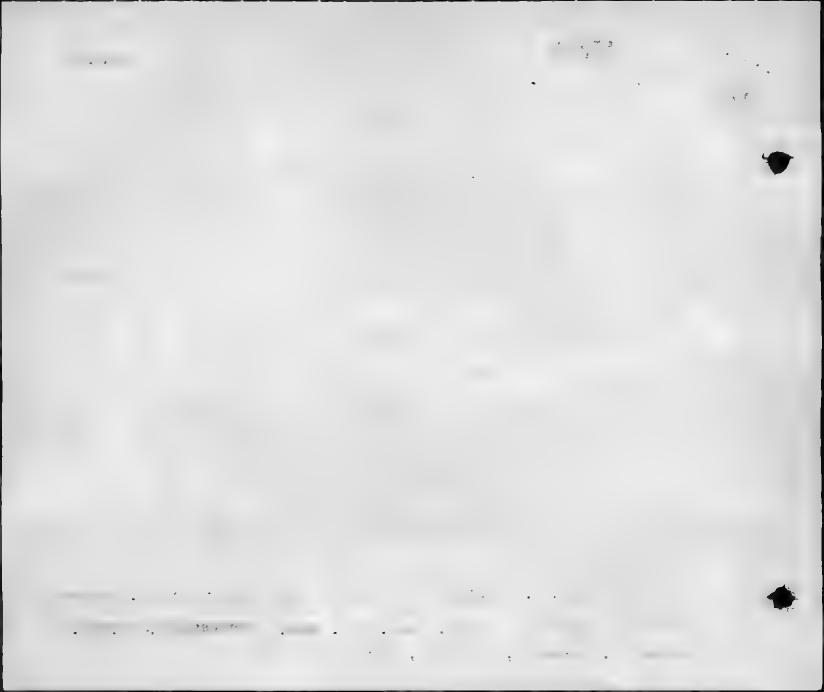
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PLACE OF DEATH O COUNTY Cha	2 USUAL RESIDENCE (Where deceased lived IF institution Residents of Collings)
MONTCIOMENY MARYLAN	Maryland Montgomery
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1 RURAL ond give negrest town)	c CITY OR TOWN (If outside carporate limits write RURAL and give nearest town)
Betherda Turs 60	Bethesda 44
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
HIta Vista Dursing Hom	e 5525 Charles Street
3 NAME OF First Middle	1 Last 4. DATE Month Day Year
(Type or print) [=//zabeth Bertha	Clinton DEATH Sept 28 1961
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In yyars IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours Min.
WIDOWED DIVORCED	Feb. 11 1869 92 yrs. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
School Teacher Teaching	n. d. 4es
13 FATHERS NAME	14. MOTHER'S MAIDEN NAME
Charles C-linton	Trainer de land
	INFORMANT Mrs. John Dickin Address
[Yes, no, or unknown] [If yes, give wor or dates of service] None	5525 Charles at 18 Hood Med
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).)	IN ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	tetter aledun
4501) DUE TO	3 4 4 5
Conditions of any which	1 Put
gave rise to immediate	
cause (a), stating the under. DUE TO Cultarose	leur Uluh
(4)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
OLL	PERFORMED? YES \(\bar{\Pi} \) NO \(\bar{\Pi} \)
200. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury in Part I or Part II of item 18.)
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 2045E OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,
Z 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State)
Z 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED White Not while of work of work	Factory, street, office bldg., etc.)
	Petter and I determine
21 I certify that (1) (this haspital) attended the deceased fra	
saw the deceased alive an, and the	at death accurred at 3/45 M. Frram the causes and an the date stated above.
Sound States of the same of th	ATTENDING MED STAFF
22c PHYS CAN'S	M D PHYS X DIRECTOR PHYS 9/28/61
NAME (Type) George Sharpe	10511 Summit Ave. Kensington, Md
230 BUR A., CREMATION, 236 DATE THEREOF 230 NAME OF CEMETER	
Cremation 9/30/61 Cedar Hil	1 Crematory Suitland, Maryland
24. FUNERAL DIRECTOR'S S GNATURE ADDRESS Debort A Dispulsion Debbort A	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, M	aryland DATE SEP 29 61 Outlan & Krauk

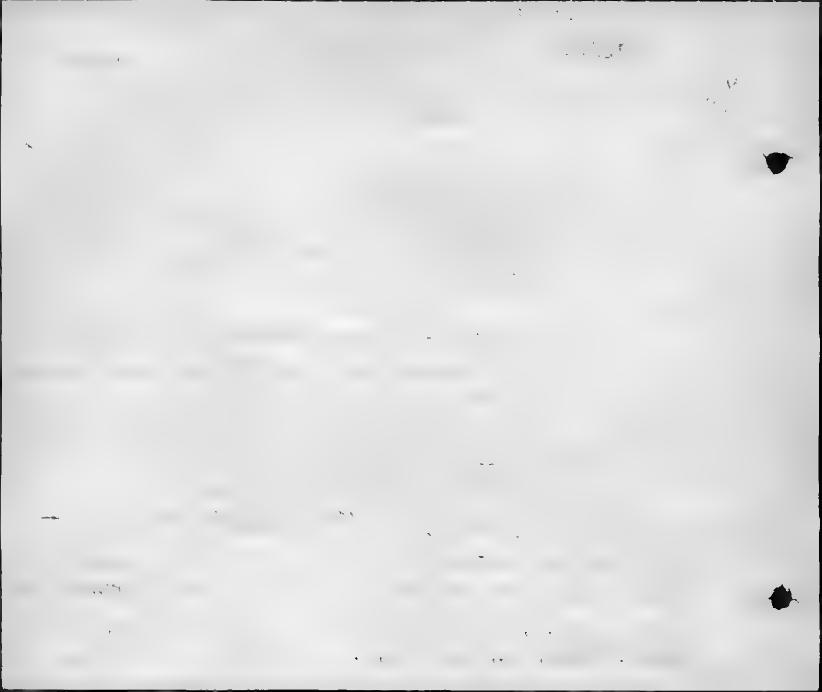


DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institu e. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete I mits, write RURAL end g y IS RESIDENCE NAME OF DECEASED OF DEATH (Type or print) 19 COLOR OR RACE AGE (In Jears | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) WIDOWED [physician 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR NOUSTRY done during most of working life, even if retired? 13. FATHER'S NAME aftending WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORME 18. CAUSE OF DEATH [Enter only one couse per ine for (e), (b , end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BARDIAC FAILURE I hac. (b) ACIDOSIN, DEMYDRATION DUE TO (a), stelling the underlying 6 DIABETEN MELLITIS PART II. OTHER SIGNIF, CANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 7 20° ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCR. BE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 19.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) While 9.3. /.... 19.9. and that death occurred at 7.2M, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22e 5 GNATURE SIGNED D RECTOR PHYS 22d. ADDRESS 22c PHYSICIAN S John E. Cassidy Georgetown Rd. Bethesda Md 230. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Hyattsville, Maryland 0 Geo. Wash. Mem. Cent. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE SEP 2 7 '61 Pumphrey, Bethesda, Maryland Orthur & Kracks

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if restriction less tience) admission) a. COUNTY b. COUNTY MONT YOMER MARYLAND h CITY OR TOWN if outside corporete limits, CITY OR TOWN (If outside corporete limits, write RURAL and dive nearest town) CLENGTH OF STAY IN 16 4 write RURAL and give nearest fown) MEATON MENTON E = d. NAME OF HOSPITAL OR INSTITUTION of not in Lospitel, give street eddress STREET ADDRESS A IS RESIDENCE ON A FARM? YES NO DATE Year NAME OF DECEASED DEATH (Type or print 19 IF UNDER 24 HRS 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED last birthdey) Months and WIDOWED [12. CITIZEN OF WHAT COUNTRY? physician LOS, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 000 done during most of working life, even if retired) Own Home B. FATHER'S NAME please . 9 attending | Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stelling the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.), 19. WAS AUTOPSY Φ CERTIFICATION PERFORMER? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR BE HOW INJURY OCCURED, Enter nature of injury in Pert I or Pert II of Item 18.) 20f. (City or lown) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work el work DIRECTOR: 1961, to 21, Sept., 1961, that (1) (m) last 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. rector, a 23a. BURIAL, CREMATION, 1 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) OF Montgomery County, Maryland Parklawn Cemetery Buria 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) SEP 2 5 '61 Warner E. Pumphrey, Inc., Silver Spring, Md. arthur & Kraye 15M 9/60 DATE



CERTIFICATE OF DEATH 10346 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. R sile see 14 PLACE OF DEATH g. COUNTY b. COUNTY MARYLAND 21, 101. Long Tomery b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Gaithersburg Jaithersburg d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? S. Cummit Avenue 107 S. Summit Averue YES I NO M NAME OF Middle 4. DATE Lost Manth Day Year **DECEASED** DEATH SEDE. 1961 MALDL CLORE (Type or print) Tan P 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours July 14.1072 Thite WIDOWED [3] DIVORCED [7] Female. 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Or m. Mulie Marylend T'Sm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harry C. Criffith Alverda Cooke INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mivorda G. Cooke- Item INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND BEATH PART I. DEATH WAS CAUSED BY Cardio-Voccular-Renal Disease with DUE TO Hamont engion. Generalized Arteriosclarosis Canditions, if any, which gave rise to immediate cause (a), stating the under-GTerminal Viral Acute-Gastro-enteritis dovs. lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19 WAS AUTOPSY PERFORMED? YES TO NO IXIO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No injury (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED Doy, Year (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at wark ot wark 21. I certify that I attended the deceased from January, 1937, to Sept. 4, 161, that I last saw the deceased alive on September 4, 19.61, and that death accurred at 11:45 M. from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) Yms. 9830 Main Street, 5. 1961 ACTUAL SIGNATURE PHYSICIAN'S $^{\mathrm{M}}$. McKendree Boyer, 220. BURIAL CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, Jawn, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Goth n. heryland Goshan Church Comctory 111 . 151 24b. REGISTRAR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE

Children A March

funerol 4 ě plnous Ē gned 9 DIRECT plnods 2 VS A15 (4)

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il director, filed with



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10347 Reg. Dist. No. director, ited with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence bell e. COUNTY o. STATE b. COUNTY be filed MARYLAND Montgomerv Montgomery Marvland funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should ilver Spring Silver Spring eight vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Quaint Acres Drive YES TO NOT Quaint Acres Drive NAME OF Middle Lost 4. DATE Month Day Yeor DECEASED OF DEATH a (Type or print) 196 E 5 SEK 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours Min. WIDOWED [DIVORCED | 45 June 29, 1916 yrs. Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! 8 on I Statistician Self employed South Dakota Contract carbon TILS.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ÷ Elmer M. Robinson Edna M. Remington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 301 Quaint Acres Drive (If you give war or dates of service) 7-36-2973 Mr. Othel J. Cowell No Silver Spring, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** á Conditions, if any, which gave rise to Immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 0. /1. While Not while of work of work p. m. 21. I certify that I attended the deceased from 19.4. Lithat I last saw the deceased detoched and that death occurred at 1122 AM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ø PHYSICIAN'S NAME (Type) HUGH IREY 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 9/30/61 Prince George's County Rurial George Washington **FUNERAL DIRECTOR'S SIGNATURE ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

DATEDOT 2

Orthur & House

Pumphrey, Inc. Silver Spring, Maryland

after death.

within

15M 9/55



No.

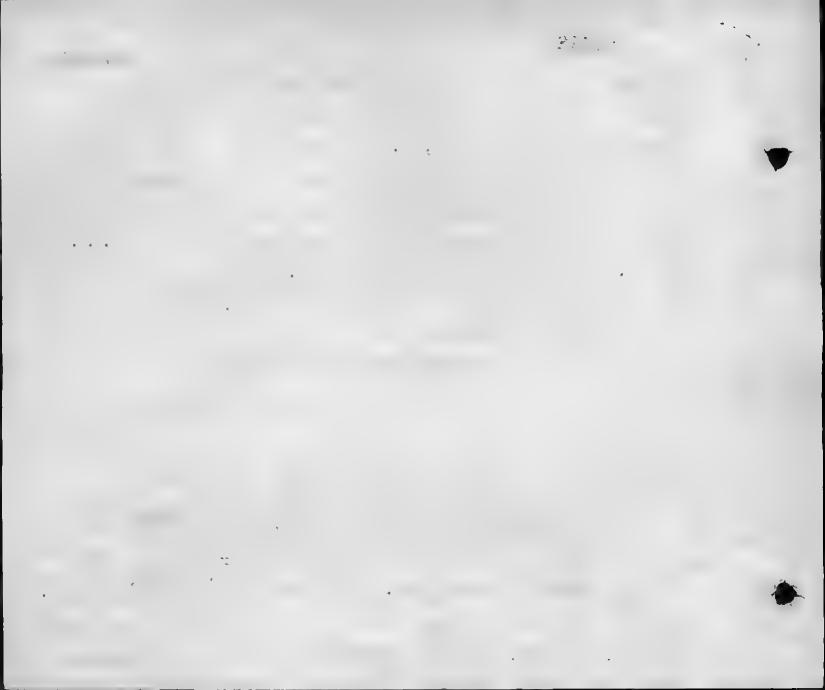
MARYLAND STATE DEPARYMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11348

CERTIFICATE OF DEATH

70070	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution leading a dop adm is on)
Montgomery MARYLAND	West Virginia 6. COUNTY
b. CIY OR TOWN (if outside corporate) m is LENGTH OF STAY IN 16	c. C TY OR TOWN (f outside corporate limits, write RURAL end give nearest town)
write RURAL and giva nearest town)	9 t V .
Bethesda d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospila), give street eddress)	d. STREET ADDRESS IS RESIDENCE
	ON A FARM?
The Clinical Center, Bethesda 14, Md.	Box 333 YES 🛣 NO 🗔
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or print) Burton Lee	Cutlip DEATH September 9 1961
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED 8.	DATE OF BIRTH 19. AGE (p yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	March 28, 1892 69 yrs. Months Deys Hours Min.
The state of the s	
done during most of working life, even if retired:	
Farmer Farming	West Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George L. Cutlip	Mary E. Singleton
15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17. IN	VEORMANT The Medical Recodes
	e Clinical Center, Bethesda 14, Maryland
PART I. DEATH WAS CAUSED 8Y: Transformer on	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) Hypotension	onset and death 21 hours
T L S X DUE TO	
Conditions, if any, which by Pulmonary embolus	and myocardial infarction 24 hours
geve rise to immediata cause	v
(a), stating the underlying DUE TO	
cause tast. (c)	
Multiple myeloma	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Multiple myeloma	YES 🔀 NO 🖸
200. ACCIDENT WAS UNDERLYING TO 206 DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Part I or Pert II of I tem 18.)
206, ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2040SE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, affice bldg., etc.)
21. I certify that XI) (this hospital) attended the deceased from	August22 19_61 to September 9 19.61 that (1) (we) last
saw the deceased alive on September 9 . 19.61 , and that	death occured at 7:054M from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
I do tack of fleede los - mi	ATTENDING MED. STAFF 9/9/61 SIGNED
226. PHYSICIAN S	
NAME (Type) Edward S. Henderson, M.D.	_ ine Climical Center, National
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or county) (State)
	ial Grounds Gassaway, West Virginia
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda, Mary	vland DATE A 104
The state of the s	yland DATE SEP 14'61 Colleg & Thomas



death property OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attended. JOHNERAL DIRECTOR: After this certificate has been signed by the attending physician and comproving tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

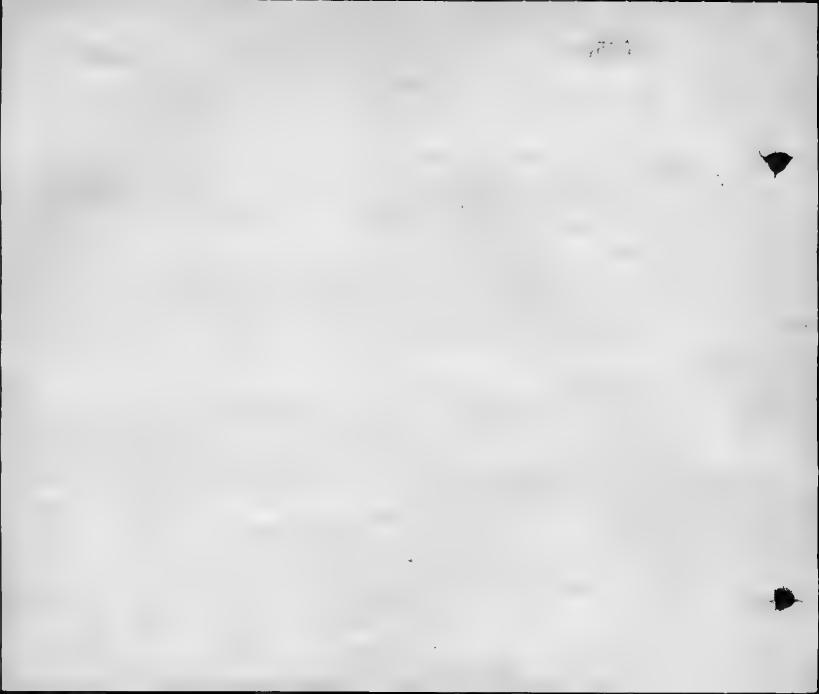
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-	10244
11.	PLACE OF DEATH 2023 2. USUAL RESIDENCE (Where decessed lived, If institution in the edge edge edge so on, e. COUNTY
J.	B. COURT B
	b. CITY OR TOWN (if duts de corporate limits, write RURAL and give neerest town) C LENGTH OF STAY N 16 C CITY OR TOWN (if duts de corporate limits, write RURAL and give neerest town)
1.	Takoma Park 11 days Silver Spring
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
1	Jashinaten Sanitarium+ Hospital 1205 Rupper+ Rd. 145 NO
3	NAME OF First Middle Last 4 DATE Month Day Year
M	DECEASED (Type or print) Clau Vernon Davis DEATH Sept 5 1961
/ 5	SEX 16. COLOR OR RACE MADDIED WINEVED MADDIED TO 8. DATE OF BIRTH 9. AGE (In Yours) IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male Whate WIDOWED DIVORCED 4-27-X7 25 yrs. Months Deys Hours Min.
10	BUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & Stere, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d	ne during most of working life, even if retired)
1	Fiscal Officer Retired West Fire In a Management of the Retired Retired Management of the Retire
(3)	
11	WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
i	s, no, or unkown) (Ifyesgivewerordetesofservice)
-	485 W.WT Hrmy 214-14-2982 Mrs. Allean Wentzel 1205 Ruppert Road
	PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (0)
	DUE TO COST COST COST COST COST COST COST C
	Conditions, if only, which (b) Wir W Milliam Talal
	geve rise to immediate cause (e), stating the underlying DUE TO
	couso last. (c. / 20-ffle greens/are Chert Strante ") you
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGHTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED?
IŠ	YES X NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
1	21. I certify that (I) (Mis hospital) attended the deceased from / 11/0
	saw the deceased alive on
	226, SIGNATURE 22b, DATE
	ATTENDING MED, STAFF SIGNED PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S 22d. ADDRESS
	NAME (Type) HOWARD T. MORSE 7030 Carroll Avenue, Takoma Park
=	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stota)
	REMOVAL (Specify)
2	ETHIERAL DIRECTOR'S SIGNATURE ADDRESS 1250, REGISTRAR'S SIGNATURE
1	haymond the cordia Avenue as to Calle of
	ener I. Perphrey, In: Silve. Spring, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MINER'S MEDICAL EXAMI 9/13/61 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if reint a for your files. Board of Health, a. COUNTY Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL write RURAL and give neerest town) d NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give state) address) . IS RESIDENCE neral ON A FARM? retained he State B YES 🔲 NO 🛂 3. NAME OF Middle 4. DATE Yeer DECEASED OF the (Type or print) DEATH 19 Page 5 may be 1 and 2 with to 72 hours after COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED AGE (In year IF UNDER 24 HRS. NEVER MARRIED last birthday Months Hours WIDOWED N DIVORCED IOS. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during ajost of working life, even if retired) pages 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME <u>8</u> <u>√</u> <u>9</u> File J 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I 17 INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN **Sug** burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which geve rise to Immediate cause Ø **DUE TO** 8 (a), stating the underlying Examiner used ion, o cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(9) 19. WAS AUTOPSY CERTIFICATION the word ' Medical Ex PERFORMED? 2 Pino 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'nury In Part I or Part II of item IB 1 PRIMARY | or CONTRIBUTING | よる CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 8 0 fectory, street, office bldg., etc.) While Not While Hour e.m. et work el work p.m. F 21. I certify that I took charge of the remains described above, held an Autopsy [0 Inspection | 🙀 Inqu'ry X and in my opinion CI death resulted from Natural causes | Accident Surcide Homicide Undetermined manner forwarde L DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER execute be fo DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should | FUNE EXAMINER'S NAME (Type) 3 くか 記 ん人 Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete) Α BUTIA SPECTY **₹**40 ₽ Arlington National Arlington, Virginia EJINERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Orthur & Hracia 5M 9/60



VS A15 (4) 15M 10/57 8

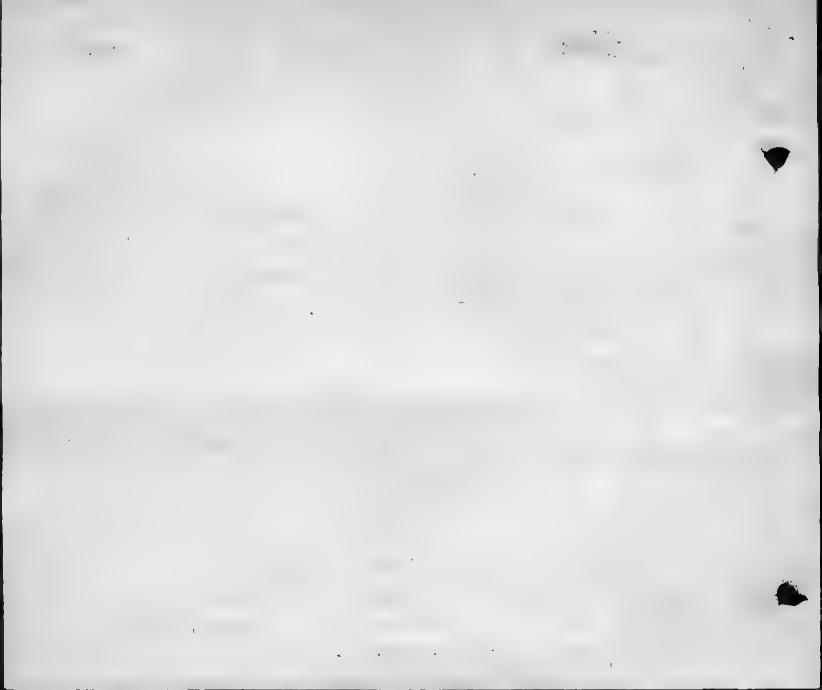
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		0351		CERT	IFICA	ATE OF D	EATH	1		Reg. Dis	ዚ የ የህላን ,	4.0
	1. PLACE OF PEATH . COUNTY Montgomery			ши	WLACKS	2 USUAL RESIDI Q. STATE Virginia	NCE (Wh	ere deceased	lived. If institution b. COUNTY	_	e before odn	nisseon)
	b. city or town (if RURAL and give ner Bethesda	outside corporate fimi prest town)	ts, write	c tength of stay		c. CITY OR TO	WN (If or	itside corpoi	role limits, write R	URAL and g	ive nearest to	own)
	d NAME OF HOSPITA OR INSTITUT ON The Clinica			oddress)		d. STREET AD				4_	10	RESIDENCE
)	3. NAME OF DECEASED (Type or print)	For Patri	st	Middle Fri e	•	losi Dav		4. DATE OF DEATH	Septemi		Day 7	Yeor 1961
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	ED TO	DATE OF BIRTH			9 AGE (In years	IF UNDER	YEAR IF UP	
	Female	White	WIDOWE				1959		2 pst birthdoy) yrs.	Months	Doys Hou	rs Min
		N (Give kind of work in ng life, even if retired)	done 10b.		OR INDUS			_	untry)	12 CITI	ZEN OF WH	
	Chi.Id			None		14. MOTHER'S A	irgin				U.S	•A, •
	Delmer Dav	ie				Louise						
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. IN	FORMANTThe			acord Addr	ess ess		
	No	l yes, give wor or dates of s	Irvice)	None	1	e Clinica					Maryla	and
		H [Enter only one co	use per lin	e for (a), (b), and (c)	1						INTERVAL	BETWEEN ND DEATH
	PART 1. DEAT	H WAS CAUSED 8Y: IMMEDIATE CAUSE (o	Car	diac arres	3t						ONSET AT	AD DEXTH
	Conditions, if an gave rise to im		Hea	t exhaust	Lon						24 1	hours
	couse (a), stating the lying cause lost	no under- DUE TO		tic fibros								ears
	PART II. OTHI	R SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	I(o) 19. WA PER YES	FORMED?
P		UNDERLYING DEATH AEDICAL EXAMINER)	206 DESC	RIBE HOW INJURY O	CCURRED	. (Enter nature of i	njury in Pa	ort I or Part	Il of item 18.)			
	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	While	Not while	20e. PLA foct	CE OF INJURY (Ho lory, street, affice b	ime, form, ildg., etc.)	20f (City	or town)	(Ce	ounty)	(State
	21. I certify the		decease			7, 19.61, occurred at 2.						
	ACTUAL SIGNATURE	FISA	ner	Le AID		AD The Cl	A	DDRESS (Str	eet, city or town, s	state)	7/61	DATE SIGN
	PHYSICIAN'S NAME (Type)	Peter B. S	chnei	der, M.D.		Nation: Bethes	0		tes of H yland	ealth		
	220. BURIAL, CREMATION SREMOVAL (Specify)	9-8-6	F /	22c. NAME OF CEM	ETERY OR	CREMATORY		R/C	ON (City, town, o	r county)	(5)	tote)
	23. FUNERAL DIRECTOR'S	SIGNATURE C	, /	Hoo Chef	7كريد	nu	40 RECID	BY REGISTR	1 1	TRAR'S SIG		



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND DICAL EXAMINER'S James 31 2. USUAL RESIDENCE (Where deceased | ved. |f institution PLACE OF DEA e COUNTY a. STATE is necessary MARYLAND b. CITY OR TOW c. LENGTH OF STAY IN 16 CITY ONTOWN (If outs de corporate I mits, write RURAL end give negresi town) reral director. your b AUTION (I not in haspiter, give street address) IS RESIDENCE ON A FARM? YES NO W 3. NAME OF hours after deam. Pages 1, 2, and 3 to the DECEASED (Type or print) DEATH with NEVER MARRIED | 8. DATE OF BIRTH 5. SEX AGE (Ayeers | IF UNDER 1 YEAR ge 5 may bend 2 with 2 hours of rest b #hday) Months Days Hours WIDOWED **₱** D.VORCED [10e, USJAL OCCUPATION (Give kind of work done during mon of working life, even if retired) 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18, Give Pages 1, 2 Wire along with form PM3, Page Virginia USA pages 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME Floyd Atkins This certificate should be executed within Unknown 缸 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (Ifyas give wer or deles of service) Charles E. Davis - Item # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b , and (c)) INTERVAL BETWEEN Office along a burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY-Herniation of brain stem PHO Found diad IMMEDIATE CAUSE (a) in bed. **DUE TO** removal, Intercerebral & rulmonary edera (b) Examiner's (gave rise to immedials cause "pending" **DUE TO** (a), stating the underlying srir tion of g stric contents PART 1, OTHER S GN, F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 .) 19, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word 8 Cremet NO [should be forwarded to the Ch'ef Medical FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, creme 206 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert il of Tem 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. EDICAL 20d. NJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) While Not While fectory, streat, offica bldg., atc.) Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER W NAME (Typa) Address (Street, city, town, or county) **6986** 22a. BURIAL, CREMATION. CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Ä REMOVAL (Specify) Burial 10/6/61 Arlington National ₹40 p 0 Arlington, Virginia
248. REC'D BY REGISTRAR | 246. REGISTRAR'S S.GNATURE ADDRESS 23. FUNERAL D RECTOR Tyson Wheeler Funeral Home-1331 E. Montg. Ave. VS. ATSME DATOCT 3 arthur S. Hrace 5M 7/59 Rockville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



4 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10354 CERTIFICATE OF DEATH
ficate be executed within 24 hours after cian and comples. A filled in by the funeral ove carbon papers. Pages 1 and 2 should event, within 72 hours after death.	M Po (I)	1. PLACE OF DEATH e. COUNTY MONTGOMERY b. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest fown) B. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest fown) Bethe Sda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) U. S. NAVAL HOSPITAL I. Middle Last Dieux DATE OF DECEMBER September J. Marrie B. DATE OF BIRTH September J. UNDER TYRAR IF UNDER 24 HRS. Female Caucasian WIDOWED DIVORCED DOING FARM WIDOWED DIVORCED DISTRIPPLACE (County & Stele, or fore gn country) 12. CITIZEN OF WHAT COUNTRY) 13. NAME OF BUSINESS OR INDUSTRY B. DATE OF BIRTH J. AGE (In years of WINDOWED) Months Days Hours Min. J. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. STATE Maryland C. CITY OR TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. DATE OF TOWN (II outs. de corporate I.mits, write RURAL and give nearest yown) B. DATE OF TOWN (II outs. de corporate
YSICIAN: The law requires that the death certi hospital or attending physician. certifically has been signed by the attending physical use as the burial-transit permit. Then please remprior to burial, cremation, or removal, and in any	2	Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Iffyes give were redeles of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which DUE TO Conditions, if eny, which (b) Gever rise to immediate couse (a), stating the underlying Conditions, if eny, which (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES PER
TO HC TAL OR ATTENDING PH See death. 394 may be relained by the See TO FUNERAL DIRECTOR: After this of director, page 3 should be delached for E. be filed with the State Dept. of Health	1	206. ACCIDENT WAS UNDERLYING [] 207. ORTRIBUTING CLAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINE] 208. PLACE OF INJURY (Home, form, p.m.,

Same as #2 above interval between onset and death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10353 with director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residen filed · COUNTY o. STATE **b** COUNTY MARYLAND erol c CITY OR TOWN (If Catside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 å RUSAL and give nearest lawn) DavK d NAME OF HOSPITAL (If not in hospital, give street oddress IS RESIDENCE OR INSTITUTION ON A FARM? 54 Car have YES NO 12 modera NAME OF DATE Middle Month Year Day DECEASED F. () death. DEATH oges (Type or print) 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR BACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH Months Doys DIVORCED | WIDOWED A 0 100. USJAŁ OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo inictor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT offending INTERVA BETWEEN 18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to the DUE TO þ Conditions, if any which (b) gned gove rise to immediate DUE TO couse (a), stating the underlying couse lost. **burial-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES NO P attending 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificote 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m While Not while at work of work p. m. 19.6/, that (I) (yes) last 21 I certify that (I) (this haspital) attended the deceased from . M, fram the causes and an the date stated above (a) and that death accurred at saw the deceased alixe an DIRECTOR: 22a. SIGNATURE SIGNED ATTENDING PHYS MED M.D. PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) TO FUR 23g BUR AL CREMATION LOCATION (City, town MOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE 25p. REC'D BY REGISTRAR ariling S. Kinna VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10355 2. USUAL RESIDENCE (Where deceased lived, if institution Residence (Where deceased lived) PLACE OF DEATH e. COUNTY b. COUNTY Montgomery MARYLAND c CITY OR TOWN (If outside corporete limits, write RURAL and give necrest fown) b. CITY OR TOWN (if outside corporate I mits, e. LENGTH OF STAY IN 16 write RURAL and give nearest town) E. Bethesda. filled d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO TO Box 115 The Clinical Center 3. NAME OF M.dde DATE DECEASED (NONE) POINT DEATH (Type or print) FAYA NNE September 11. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH AGE In years of UNDERTYEAR FUNDER 24 HRS last brinday) Months. 36 yrs. DIVORCED September 4. 1925 Female W DOWED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Private Industry Pennsylvania Assembler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cleo McCrav Theodore - McCray 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, no, or unkown) | (If yes giva war or dates of service) The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] Congestive heart failure with INTERVAL BETWEEN 40 hours PART I, DEATH WAS CAUSED BY: marked pulmonary congestion and edema IMMEDIATE CAUSE (a) DUE TO Panniculitis, severe weeks geva rise to immediate cause Myelogenous leukemia with involvement of liver (a), stating the underlying spleen and & kidneys. etc. 15 months PART II. OTHER SIGNIFICANT COND, TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TION GIVEN IN PART 1(4) 19cafe PERFORMED? Senticemia 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Iram 18.) 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Moma, farm, 20f. (City or town) (County) factory, streat, office b dg , etc] While Not While et work 21. I certify that W (this hospital) attended the deceased from... August 6. ..., 1961, to September 11:961, that (\$ (we) last saw the deceased alive on Sept. 11,19...61, and that death occured at 10:30AMm the causes and on the date stated above. 220. SIGNATURE ATTENDING Hezerood PHYS. DIRECTOR PHYS. M.D. The Clinical Center, National J. David Heywood, M.D. NAME (Type) Institutes of Health, Bethesda ll, Md. REMATORY 23d, LOCATION (City, lown or county) (Steel) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) St. g. g Elgin Cemeterv Bur-Transit Pennsylvania Corv. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Bethesda, Maryland Robert A. Pumphrey DATE SEP 1 4 '61 15M 9/60

DYLAND STATE DEPARTMENT OF HEALTH

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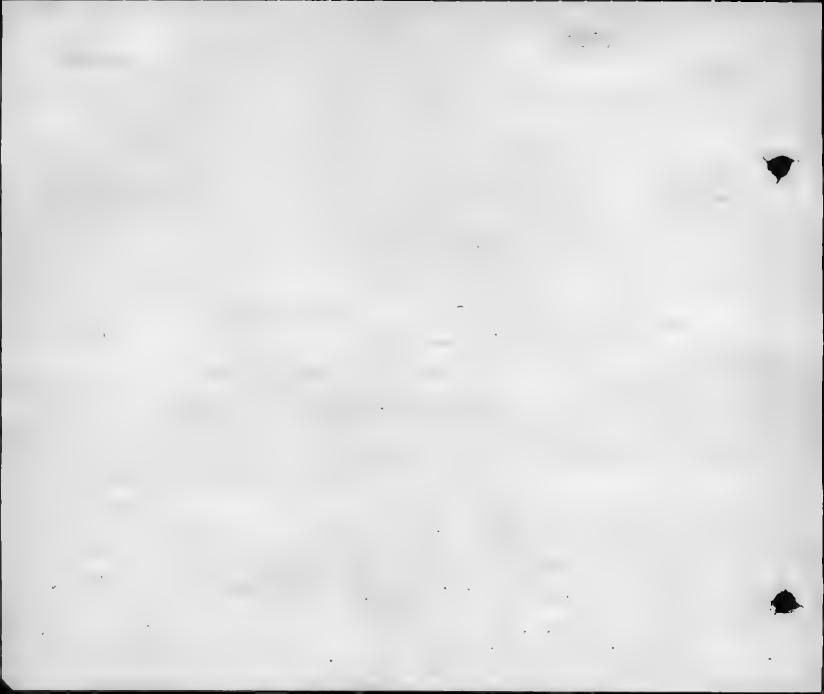
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MARYLAND STATE DEPARTMENT OF HEALTH

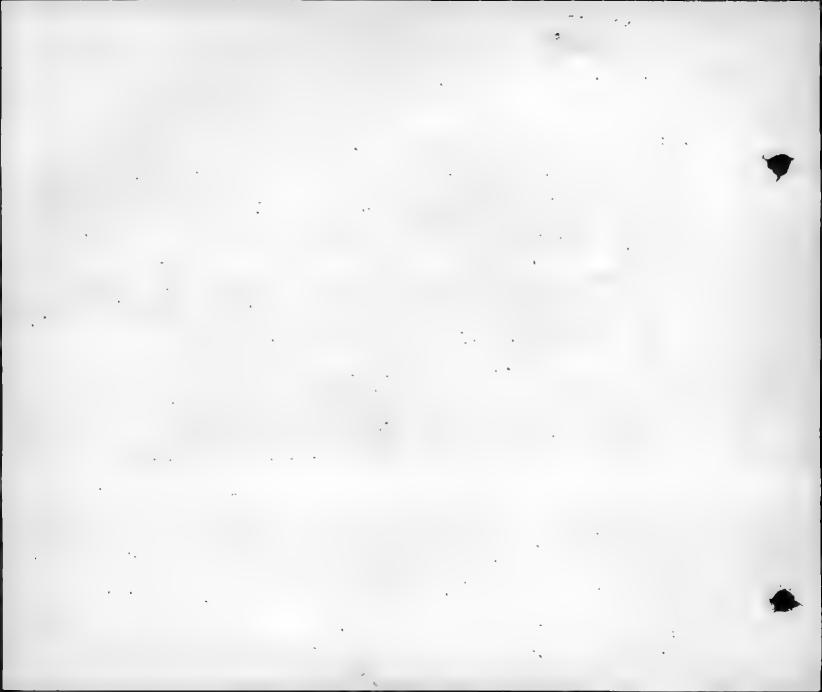
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1,	1. PLACE OF DEATH 2. USUAL RESIDENCE (W	rare deceased livad, If institution, lesidate approach ssion)
)	a. COUNTY CONTACT MENTA MARYLAND MARYLAND MARYLAND MARYLAND	1 b. COUNTY Montgomenu
-	b. CITY OR TOWN (if outside corporate lines, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lines)	e corporete I mits, write RURAL and give narest town)
-	Takoma lank 6 weeks Silver 5	pring -
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address d STREET ADDRESS	e. IS RESIDENCE
		nsey Hue V VES NO
3.	3. NAME OF First Mdd e Last (4. D DECEASED (Type or print) Sether D	2 - 1 - 1
-	The Third Call	19 6 19 AGE (In yeers HF UNDER 1 YEAR) IF UNDER 24 HRS.
	1 MAKKIED NEVER MAKKIED 2 12 22	lest birthdey) Months Days Hours Min.
1/2	Tenale White Widowed Divorced	ete, or fore on country) 12, CITIZEN OF WHAT COUNTRY?
1 6	done during most of working I fg. even fixetired) eration Company	11 - 1
12		ginia 4.5. Hi
1 '3	T	SI. K.
1,5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT	TO KES
	(Yes, no or unhawn) (lifyes give wer or detes of service)	Address
-	1103/11761 116	COVCIS .
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). PART I, DEATH WAS CAUSED BY:	ENSET AND DEATH
	IMMEDIATE CAUSE (6)7, Troutlation	several yss.
	Conditions, it ony, which the Rheumatic Heart bes	all all
	gave rise to immadiata causa (b)	rease years.
	(a), stating the underlying DULTO (D)	3 worth
1_	Z PART II OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOTICELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
Į,	O PART II OTHER S. GRIFICANT CONDITIONS CONTINUES TO BEATH BET MOTALE AT BUT THE TERMINAL DIS	PERFORMED?
FE	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. [Enter netura of injury in Part I o	Part II of item 18.1
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	real in or real test
SAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 120)	. (City or town) (County) (Stata)
MED	Hour a.m. While Not While factory, street, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,
	21. I certify that (I) (this hospital) attended the deceased from	, to . 9/.3/ 194./, that (I) (Ne) last
	saw the deceased alive on	from the causes and on the date stated above.
	22a. SIGNATURE ATTENDING MED.	STAFF 9/3/4 / 22b. DATE SIGNED
	TWART CONTROL M.D. PHYS. DIRECTO	OR PHYS.
	22c PHYSICIAN'S NAME (Type) POLONT 4 Have MI) 22d ADDRESS	and an TIP MI
-	NAME (TYPE) / CODEY / HHAYE / W. 1600 (A)	2024 2071111111111
23	REMOVAL (Specify)	LOCATION (City, lown or county) (Siete)
_	DE PECIA DE	RINCE GEORGE'S COUNTY, MD.
24	24 WARNEDREEOR'S PRIMETURE Y, INC. ADDRESS SEP 6	registrar 256. Registrar's signature 61 Chilung S. Hanna
	theymond a. Ziska SILVER SPRING, MD. DATE	



CERTIFICATE OF DEATH 10357 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before-odmission) a. COUNTY b. COUNTY-MARYLAND 26624 funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 TOWN (If outside corposole limits, write RURAL and give negrest lown) ě, RURAL and give negrest town) shavid d. NAME OF HOSPITAL (If not in haspital), give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle Year DECEASED DEATH (Type or print) 1961 AGE (In years last birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED (8. DATE OF BIRTH Months Days WIDOWED [7] DIVORCED [7] BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician mave 15 WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PAR DUE TO Conditions, if ony which gove rise to immediate DUE TO couse (a), stating the underlying couse last urial-transit GIVEN IN PART I(a) 19, WAS AUTOPSY mayal, PERFORMED? YES TI NO K 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20c TIME OF INJURY Month. Day 20e PLACE OF INJURY Home form. Year 20d INDURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., etc.) While No while work of work D. m 196/that I last saw the deceased 21. I certify that I attended the deceased from Ale and that death accurred at 235 PM, from the causes and on the date stated above. ADDRESS (Street, city or tawn, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF town of county) (State) REMODVAL (Spec 0 DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A1S (4) Cathan & Know 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

9 & 11 F11 7 6297 10/3/61 7th

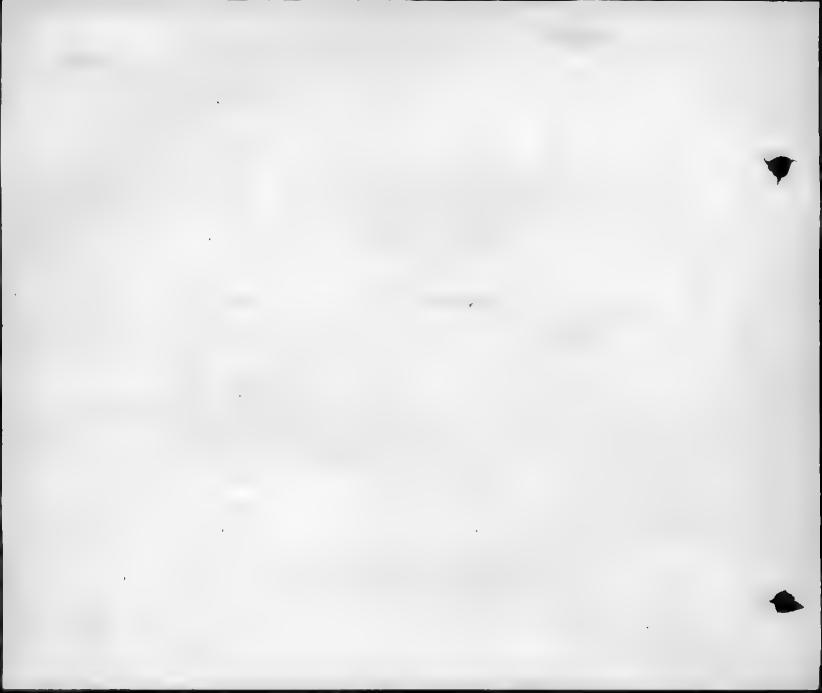
2 USUAL RESIDENCE (Where deceased lived If institution, Resident with I director, filed with PLACE OF DEATH a. STATE b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If guis de congrate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL RURAL and give negrest tawe) d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION A VENUE ATTER YES NO TE WISCONSIN S NAME OF 4. DATE OF DEATH Middle Month (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years (ast birthday) Months Days May 8, 1908 DIVORCED | WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) STORE Washington. D. C. MANAGER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 튑 TABOR CELIA physica IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 4890-BATTERY LAN ILDRED INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost WAS AUTOPS PERFORMED? YES 🔲 NO 🐷 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW MURY OCCURRED. (Enter natures of injury in Part I or Part II of slem 18.) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not while, at wark at wark p. m. 21 1 certify that (1) (this hospital) attended the deceased fram.... 19.6 L. that (I) (we)-last 19.0. and that death accurred at [AM, from the causes and on the date stated above saw the deceased alive an... DIRECTOR: 226 SIGNATURE ATTENDING PHYS DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county REMOVAE (Specify) KING DAVID MEMORIAL GARDEN. CHURCH. BURIAL 0 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 350/-14/3 St. N.W DATE FP 2 9 '61 VR A15 (4) Onthur I Health 15M 9/\$9

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Division of STATISTICAL RESEARCH AND RECORDS **BALTIMORE 1, MARYLAND** EXAMINE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution los COUNTY a. STATE L COUNTY of Health, director, Pay MARYLAND CITY OR TOWN (if outs da corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your t Board of t Westmoreland Hills d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street eddress) d. STREET ADDRESS retained he State B 3. NAME OF Middle DECEASED OF the (Type or print) DEATH pe 2 with 8. DATE OF BIRTH AGE (In yours HE UNDER 1 YEAR 7. MARRIED NEVER MARRIED 7 last birthday) WIDOWED DIVORCED Dec. TOW. USUAL OCCUPATION (Give kind of work TOG, KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE State or foreign country! done during most of working life, even if relired) Housewife Ohio pages i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ivor Johns Jessie Frav E e 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yea no, or unkown) (lifyesgivewerordelesofservice) Dermir. Edward Ferguson-same 2d None W.H 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit p Office along PART I. DEATH WAS CAUSED BY: Fatty liver IMMEDIATE CAUSE (a) 26101 DUE TO Acute & chronic alcoholism Conditions, if eny, which gave rise to immediate cause (7) DUE TO (e), stating the undarlying cause last. used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. WAS AUTOPSY CERTIFICATION 8 | plnous 20s. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) execute the certificate, writing \$ co 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, the Chie Month, Day, Year 20f. (City or town) Not While factory, street, office bldg., etc.) While Hour a.m. at work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER KARSCH-17 NAME (Type) Address (Street, city, town, or county) 22s. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) A REMOVAL (Specify) Arlington, Virginia Burial Arlington Nat. Cem. ₽40 p 0 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR

Bethesda, Maryland

SVIAND STATE DEPARTMENT OF HEALTH

de admission

. IS RESIDENCE ON A FARM?

YES NO NO

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(State)

YES A NO TO

and in my opinion

DATE SIGNED

(Stata)

12. CITIZEN OF WHAT COUNTRY?

Months

USA

(County)

arthur & Kome

SEP 2 0 '61

DATE

VS. A15ME 5M 9/60

Robert A. Pumphrev



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10000

	10000				
1)	1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased lived, a. STATE,		
/	MONTGOMERY	MARKEANS	MATYLAND	COUNTY Montgonery	4
	b CITY OR TOWN (Is outside corporate limits, w RURATED give negrest town)	vrite c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate lin	rits, write RURAL and give nearest town)/	
	ROCKVILLE		KOCKVILLE		
	d NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION)	street address)	d street Address	e IS RESIDEN	tM?
	108 VIERS MIII	K d	15107 COPSI	JES AVCTAR	
	3. NAME OF DECEASED (Type or print)	Middle S	Lost 4. DATE OF DEATH	Manth Day Year	,
		WARRIED TO ANGUED TO	1141010	SEPT, 19	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	MARRIED NEVER MARRIED DOWED NOT DIVORCED	Aug.17,1884	In the state of th	Win
	100. USUAL OCCUPATION (Give kind of work dane during past of working life, even it retired)	106. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHRLACE (State or foreign country)	12. CITIZEN OF WHAT COU	VTRY?
į	House Wite		(Jernany	CASA	F 5
	13. FATHER'S NAME	//	14 MOTHER'S MAIDEN NAME	.1 1 1	
	Uoseph Jch	DENDENGEN	I ANNS MI	TerT	
	15. WAS DECEASED EVEN IN U.S. ARMED FORCES' (Yes, no. or unknown) (If yes, give war or dates of service		FORMANT	Same 35 5	
	1/10	O OF ILL CALLY	Echan a. Lilynn, Ch.		
	PART I. DEATH WAS CAUSED BY:	per line for (o), (b), and (c)		INTERVAL BETWE	EN VIH
	IMMEDIATE CAUSE (a) _	Cerebra (infuntur	2.47	۲,
	DUE TO	0. / 0.	11		
	Canditians, If any, which (b)	Ceretral.	(hrome 75%	Z ilit	7
	couse (a), stoting the under. DUE TO	culal	a tempelinos	Tulif	ر المشارة
	Z PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORME	OPSY
	PART II. OTHER SIGNIFICANT CONDITI	Congretine	Hart Failus	PERFORME → YES NO	
			D. (Enter nature of injury in Port I or Part It of i	tem 18)	
		.)			
	20c. TIME OF INJURY Manth, Day, Year	fa.	ACE OF INJURY (Hame, form, 20f. (City ar taw story, street, office bldg., etc.)	n) (County) {	State)
	p.m 19	White Not while 100 at wark at wark			
	21 I certify that (I) (this hospital) a	ttepded the deceased from .	8/2/196/ to 9	///, 196/_, that (I) (we)	last
	saw the deceased alive an	[_/C] 196/ and that d	leath accurred of 2.3%, from the c	auser and an the date stated ab	ave
	220. SIGNATURE		ATTENDING STA	FF 22b pA	TE ENED
	22c PHYS CAN'S THE	nue	M.D. PHYS. DIRECTOR PHY 22d, ADDRESS	5 - 9/11/0	7
	NAME (Type)	HEN N. JONES, M.D.	809 /10+3 Fill	Ra Rockville	rd
	23g BUR A., CREMATION, 23b DATE THEREOF	230 NAME OF CEMETERY O	REPRESENTED 238 LOCATION IC	ety, town, or county) A (State)	2
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25g. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	
	W W. Chambers G	0. 1400 Cha	DATSEP 13'61	Cirling & Haus	
		1 2 2 1 1 AL	DAIL .	Corner 3 Thomas	

DHO may ined by the hospital or attending physician.

DEUN. DIRECTOR: After this certificate has been signed by the attending physician and campletely filt. They the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be fitted with the State Board of Health prior to buriol, crematian, or remaval, and in any event, within 72 haurs after death. TO FUN TO HO

VR A15 (4) ISM 9/59



4 to 10 and 2

filled i

Pages 1 urs after, 5

carbon

please

removal,

attending parties Then please

certificate has been signed by the

\$ Q

may be retained by DIRECTOR: After this cer 3 should be detached for u

0.5 B

VR A15 (4)

15M 9/60

physician



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 1. USUAL RESIDENCE (Whare decessed I ved, If institution; R siles co peter a. COUNTY b. COUNTY 12 P MARYLAND Marvland Montgomery Montgomery by H and death b CITY OR TOWN (Foursida corporate im Is, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (if outs de corporale limits, write RURAL end give neerast town) write RURAL and give nearest town) Silver Spring , 9 years Silver Spring d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) a. S RESIDENCE ON A FARM? YES NO F 9001 Sudbury Rd. 9001 Sudbury Rd. 3. NAME OF 4. DATE DECEASED DEATH (Type or print) George September Fvelvn Louise carbon 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BRTH lest birthdey] Months Deys Hours , WIDOWED DIVORCED Jan. 27,1891 Female physician TOA. USUAL OCCUPATION (Give kind of work 1 1Db. KIND OF BUSINESS OR INDUSTRY II DITHRACE (County & State, or foreign country) 12. CITZEN OF WHAT COUNTRY) remove done during most of working I fe, even if retired) Own Home Martinsburg West Virginia Housewife 13. FATHER'S NAME lease Then please and Rand@lph Stupp Mary E. Flynn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewer ordates of service) attending physician. has been signed by the a burial-transit permit. Il Albert J. George 9001 Sudbury Rd. Silver Spring 18. CAUSE OF DEATH If her only one cause per line for (a), b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) emailion, DUE TO URBL EFFL SIGN aftending Conditions, if eny, which gave rise to immediate causa DUE TO ETASTATIC BREAST GANCIER (a), stating the underlying has the PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART 1(6): 19 WAS AUTOPSY certificate S 03 PERFORMED? NO TE 20e. ACCIDENT WAS UNDERLYING 1, 20b. DESCRIBE HOW NIURY OCCURED (Enter nature of injury in Part I or Part II of tem 18)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 4 may be retained by the n DIRECTOR; After this c 3 3 should be detached for 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) factory, street, office bldg., etc.) White __Not While. MEDI Hour a.m. el work el work 21. I certify that (I) (this hospital) attended the deceased from 3 / AU. G., 19.6/ to ... 5. S.C., 19.6/, that (I) (we) last saw the deceased alive on 31.00.,19 4.1, and that death occurred and AM, from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. X Mars ERAL Page with th ZZe. PHYSICIAN'S 22d. ADDRESS NAME (Type) dear dear director, pe filed v 1407 Woodside Pkwy Silver Spring, Md. -Marshall Cuvillier Jr. 23c. NAME OF CEMETERY OR CREMATORY 1 23d LOCATION (City, fown or county) 230. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Sept.5.1961 Cedar Hill Prince Georges Co. Maryland Colea ADDRESS 25e, REC'D BY REG STRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Pumphrey Inc. 8434 Georgia Ave. 8.S.Md. DATE SEP 6 arthur & Krous 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

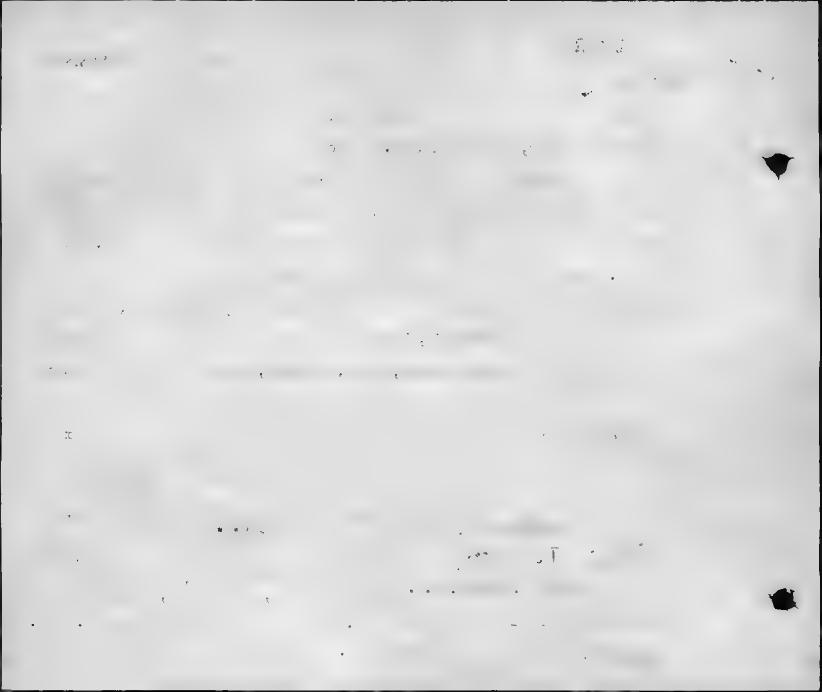
, .

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10363 CERTIFICATE OF DEATH

V	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decased lived, if institution, Rese	03 (a (a) mission)
Л	* COUNTY MARYLAND	South Carolina b. COUNTY	7
	b. CITY OR TOWN (f outside corporate imits, c LENGTH OF STAY IN 1b	c. C.TY OR TOWN (If outside corporate limits, write RJRAL and gir	va nearast town
1	write RURAL and give hearast town,		,
,	Bethesda 16 days d. NAME OF HOSPITAL OR INSTITUTION if not in hospital give stread address)	Greenville d. STREET ADDRESS	A. IS RESIDENCE
			ON A FARM?
J	The Clinical Center, Bethesda 14, Md.	Box 3	YES NO X
Н	DECEASED	OF	ay Yuar
1	(Typa or print) Idalene Josie		29, 11961
	7. MAKKIED IN RETER MAKKIED	, DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEA	
	Female White WIDOWED D. VORCED J	fuly 25, 1902 59 yrs	
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OF WHAT COUNTRY?
1	Housewife None		J.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Thomas J. Hendricks	Maggie Wood	
1	15. WAS DECEASED EYER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 1 (Yas, no, or unkown) (Ifyesg vewarordetesofservice)	NFORMANThe Medical Recordass	
1		ne Clinical Center, Bethesda 14, 1	Maryland
	18. CRUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)]		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: Atelectasis, lungs		3 days
ı	DUE TO		
1	Conditions, if eny, which to Cryptococcosis, br	ain, meninges, lungs	6 months
ı	gave rise to immediate cause [a], stating the underlying DUE TO		
1	causa last. (c)		
1	PART I. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM HAL DISEASE CONDITION GIVEN IN PART 1(a	1 19. WAS AUTOPSY PERFORMED?
1	Diabetes Mellitus		YES TO NO
1	208. ACCIDENT WAS UNDERLYING _ 206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part or Part II of Itam 18.)	
N	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
N.	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. P.A	CE OF INJURY (Home, farm, 20f. (City or fown) (County)	(Stata)
1	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20z. P.A. Hour a.m. While Not While fact at work 19 at work 11 at work 12 at work 12 at work 13 at work 14 at work 15	ory, street, office bidg., etc.)	
1	21. 1 certify that (this hospital) attended the deceased from	September 13 1961, 10 September 2919 61	that 1% (we) last
١	saw the deceased alive September 29, 19,61, and that		
	228. SIGNATURE		22b. DATE
ı	William - Butter	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	9/29/61
1	22c PHYSICIAN S	² The Olinical Center, National	Institutes
	NAME (Typa) WILLIAM T. BUTLER, M.D.	_ of Health, Bethesda li, Maryla	
	238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY		(Stata)
ı	REMOVAL (Specify) ansit 9-30-61 Grandview M	em.Gardons Travelers Rest,	So. Car.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
	ROBERT A. PUMIHT Y Bethesda,	Md. DATE OCT 4 '61	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10267. CERTIFICATE OF DEATH

		10950
MM	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceesed I ved, if institution; Residence of the admission)
IXX/		e. STATE b. COUNTY
	b. CITY OR TOWN (flowts de comorate limits.	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	C. CITE ON TOTAL III offere Conduction allered Many Many Month of Conduction and
	LLNEY	AROOKEVILLE
2000	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet eddress,	d STREET ADDRESS 0. IS RESIDENCE
613	"ONTROLEGY CENERAL	ON A FARM?
, \	HONTGOMERY GENERAL	↑ YES NO K
	J. NAME OF First M dale DECEASED	Last 4. DATE Month Day Yeer OF
	(Type or print) JAMES FRANKLIN	GIVENS DEATH SEPTEMBER 16 1961
L	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
		lest b rthday) Months Days Hours Min.
	ALE HITE WIDOWED DIVORCED	JECEMBER 27, 1908 54 yes 1
	10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stelle, or foreign country) 12 CITIZEN OF WHAT COUNTRY
	CARPENTER SELF EMPLOYED	TENNESSEE ILS.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE CIVENS	JOHETE BURCHETT
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [(Hyposgivewerordelesofservice)]	INFORMANT Address
	020 =1 ====	
	18. CAUSE OF DEATH [Enter only one cause per line for .e., (b) and (c)	COSPITAL CONDS
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CALSE (a) COROLARY THROMBOS	IS 24 HOURS
	420.1 DUE TO	
	Conditions, if any, which	
	gava rise to immadiata cause	
	(e), staling the underlying DUE TO	
	ce use lest. (c)	
	PART IF OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY
	PART IF OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING [] CAUSE OF DEATH [If Either, NOTIFY MEDICAL EXAMINE)	PERFORMED?
_ ^	The Accident with the party of	
	20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING [] CAUSE OF DEATH	D (Enter neture of injury in Pert I or Pert I of item 18.)
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED , 20a. P.	ACE OF INJURY (Home, ferm, 20f (City or town) (County) (State)
	TI TION 8.10.	ctory, streat, office bldg., etc.)
	p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the deceased from	. 9-15 1951, to 9-16
	saw the deceased alive on 5=10 19.61 and the	at death occured at the AMM from the causes and on the date stated above
	22e SIGNATURE I	22b DATE
	Checkes S. Who wher, to, &	ATTENDING MED STAFF S GNED
, 1		
	22c PHYSICIAN'S NAME (Type)	22d ADDRESS
·	CHARLES C. WHITAKER, M. T.	CLARKSVILLE, MAR LAND
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify)	
	Burial Sept. 19, 1961 Seal's Farm	Cemetery Etchison, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	75% REC'D BY REGISTRAR 125% REGISTRAR'S SIGNATURE
	Francis & Barber Laytonsville, M	id. DATE SEP 19'61 Cally & theme
	7-7-	Terror



AND STATE DEPARTMENT OF HEALTH

funeral #27 by the .5 pllysician ease aftending Ō, the aftending

c≡tificate has r use as the bu Affer 令 DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

within 24 hours after

TO H. TIAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after, death reads and be retained by the hospital or attending mysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriat-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriat, cremation, or removal, and in any event, within 72 hours after death.

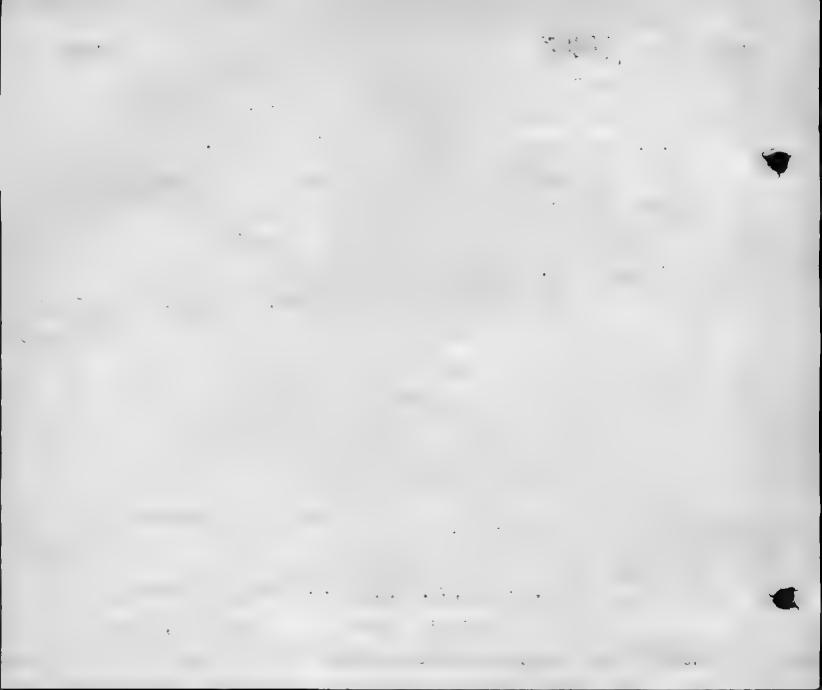
VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10361 10366

. 1			
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
		Maryland Maryland	a. STATE Maryland b. COUNTY MONTamery
		b CITY OR TOWN (if outs de corporata ilmits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (It oyisida corporata limits, write RURAL and give nearest town)
		write RJRAL and g ver podrast town	14 + Bothesen
	~	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
į.	7		ON A FARM?
		NAME OF FITT MARGINA	
		DECEASED	OF O
		(Typa or print) ENThONY FRANCIS	ORASSO DEATH Sept. 10 196/
	5	SEX 6. COLOR OR RACE 7 MARRIED WEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Hours Min.
		MA/e White WIDOWED DIVORCED	DAN. 30, 1913 48 yrs. 7 10 100
		. USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUST	RY 11. B RTHPLACE , County & State or fore on country) 12. CITIZEN OF WHAT COUNTRY?
	I A.	ona during most of working I.le, even if retirad) NECHANICAL Inspector NIH,	Pennsulvania USA.
		FATHER'S NAME	1 14. MOTHER'S MA DENNAME
		Alialalus Honors	mary S. Mero/19
	15.	WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	INFORMANT (1) for Address
	(Ya	as, no, or unkown] (If yas giva war or dates of sarvice) \	a 1/ C W (Que pe phove)
	- 1		Colon friend a . Marie a .
		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a) VIALIGNAMI	ACHEXIA 6 MONTHS
		200-2 DUE TO	
		Conditions, if any, which 7 (b) AYMPHOMA	MALIGNANT SCLEROSING 14 MONTH
		gave rise to (mmadiata cause DUE TO	
		(e), stefing the underlying cause last.	
	z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CERTIFICATION		PERFORMED?
,	FIC/	200. ACCIDENT WAS UNDERLYING 206. DESCR BE HOW INJURY OCCURE	D. (Enter neture of injury in Peril for Pert It of item 18.)
\	ERTI	OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	**(************************************
The same	- 1		ACE OF INJURY (Home, farm, 201, (City or town) (County) (State)
	MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) story, streat, office bldg., atc.)
	ME	p.m. 19 at work et work	
		21. I certify that (I) (this happital) attended the deceased from	AUE. 25 1955, to DEPT 10, 196/, that (1) (200) last
		saw the deceased elive on DEPT. 9 19.6.1 , and that	t death occured at
		220 SIGNATURE	22b. DATE
1		West of angle	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STAFF
/		22c Hys Cian's	22d. ADDRESS
r		NAME (Type) Robert J. Hugle	5009 Del RAY Are. Bethesda Md
	734	Se. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY [23d. LOCATION (City, town or county) (Stata)
	١	REMOVAL (Specify)	
		Burlal 9/13/61 Arlington N	t. Cemetery Arlington Virginia
		7,32, 32, 32, 33, 33, 33, 33, 33, 33, 33,	
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	yland 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 1 4'61 Critum A. France



× 1	12	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10207 CERTIFICATE OF DEATH
म ब्रह्म	M	1030110362
The second	ピソ	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY
be to		Montgomery Maryland Florida
t h		b. CITY OR TOWN (floutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in E	スマ	Bethesda (Rural) 12 days North Miami Beach
ithir iled age		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS
* ÷ 4 × 5	3	U. S. Naval Hospital 19665 NE 12th Ave.
Dec.	4	3. NAME OF Frst Middle Last 4. DATE Month Day Year OF
Xec omp		(Type or print) Douglas Glen HALE DEATH September 23 19 61
e bon	*	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months, Days Hours Min.
d b an car	Ě	Male Caucasian widowed Divorced August 3. 1944 1775.
fical cian ove	D >- D	10e. USUAL OCCUPATION, Give kind of work done during most of working life, even if refired) 12 CITIZEN OF WHAT COUNTRY?
Serti hysi rem	<u> </u>	Student Virginia USA
th c g p		13. FATHER'S NAME
dea dea dea ple	[T]	Clarence R. Hale Evelyn O'Roark
he atter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (lifyesgivawarordefesofservice) (Mother) Mrs. Evelyn HALE. Same as #2 above
he at t	<u> </u>	
as the	<u> </u>	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b., end., c)] PART I. DEATH WAS CAUSED BY:
ad la	5 	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) When Le
red sign	5	DUE TO
ding ding en	<u> </u>	Conditions, if ony, which governs to immediate cause (b) Chronic pyclonephystis (e), stating the underlying cause lost. (c) neurosenic bladdles (c) vrs.
The then street street	J	(e), stelling the underlying DUE TO
or a har be to the training of	<u> </u>	CAUSA TO STATE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
tal cate as t	2	PERFORMED?
SIC ospinsertifi use		YES NO YES 200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Port Lot Port II of Item 18)
HIY is co	<u>.</u> * 7.	OR CONTRIBUTING CAUSE OF DEATH G (If EITHER, NOTIFY MEDICAL EXAMINER)
日本中で		20c. TIME OF INJURY Month, Dey, Yes: 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Afte back	=	Hour e.m., While Not While lectory, sirear, office stay, etc., 1
A del	.	
H = C & S		21. I certify that M (this hospital) attended the deceased from September 11961 to September 23. 61 that W (we) last
P P P P P P P P P P P P P P P P P P P	P P	saw the deceased alive on September 2319 61, and that death occured ay 15 M from the causes and on the date stated above.
O E C E		ATTENDING MED. STAFF S. SIGNED
A 11 8 4		22c PHYSICIAN'S / Brackett, fr MO PHYS. DIRECTOR PHYS. A September 23, 1961
ER B	*	NAME (Type) John D. Brackett, Jr. W.D. U.S. Naval Hospital, Bethesda, Md
	3	TOTAL STATE OF THE PARTY OF THE
Time and a	3	REMOVAL (Specify) Shipment9-23-61
VR A15 (4	3	21 UNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE
15M 9/60	(Tobert a Lemberry Better de Med DATE SEP 26'61 Cirilm S. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

aurs after death. Page 4

ALOR ATTENDING PEYFICIAN: The last requires that the death certificate be exempted within 24

TO HO

VR A15 (4) 1SM 9/59

	10368 CERTIFICATE OF DEATH
M	PLACE OF DEATH o. COUNTY Montgomery 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside Repeat Original) o. STATE Mary land b. COUNTY Montgomery
7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Glen Mar Park c. LENGTH OF STAY IN 1b Glen Mar Park
$ \chi $	d NAME OF HOSPITAL (If not in hospital, give street oddress) QR INSTITUTION 5301 Carlton Street d. STREET ADDRESS on A FARM? YES □ NO ☑
T	NAME OF First Middle Lost 4. DATE Month Day Yeor OF DECEASED (Type or print) Cora Annette Hammack DEATH SEET. 1961
4	female white widowed by Divorced Divorced 10/28/1879 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (n years lost birthdoy) Months Doys Hours Min Strain Min Min Min Min Min Min Min Min Min M
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife Virginia 12.CITIZEN OF WHAT COUNTRY? U.S.A.
	James S. Larrick ——— Showater
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 19 Services No. 17 INFORMANT 19 ST. No. or unknown) (If yes, give wer or dote of service) no Mrs. Robert E. Leahy—Clan Mars Park Ma
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Occube: Myacumula nufacula nufacu
	Conditions, if any, which gove rise to immediate couse (a), stating the under-tying couse lost DUE TO Survey and a deriosclusors Out of the stating the state of the state
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH UNITED THER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. Power instruction in the power instruction of the
	21 I certify that (I) (this haspital) attended the deceased from 22 1 to 22 1 to 24 1 to 10 (I) (we) last saw the deceased alive on 9 - 13 - 19(0), and that death accurred on M, from the causes and an the date stated abave. 22b. DATE SIGNATURE (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
1	22c. PHYSICIAN'S NAME (Type) ATTENDING IN MED. STAFF PHYS 22d ADDRESS ALTONING IN MED. STAFF PHYS 22d ADDRESS ALTONING IN MED. STAFF PHYS 22d ADDRESS
	Burial (REMATION, 236 DATE THEREOF Washing NAME of LEMBER OR CREMATORY 23d LOCATION (City, town, or county) (Stote) Burial 9/16/61 Mt. Carmel Cemetery Middletown, Virginia
	The S.H.Hines Co. 2901 11 thSt., N.W. 250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATE SEP 15'61 Oction 2 Hours



22c. NAME OF CEMETERY OR CREMATORY

Cemi

ock

ADDRESS

Reg. Dist. No. e. IS RESIDENCE ON A FARMS YES NO D Dox Year 19 61 IF UNDER I YEAR IF UNDER 24 HRS. Days 12. CITIZEN OF WHAT COUNTRY? NISA INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO Z (State) (County) __that I last saw the deceased FAM, from the causes and on the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (State) Washingl 24a REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthur & Krown

PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION, 226. DATE THEREOF

23. FUNERAL DIRECTOR'S SHENATURE



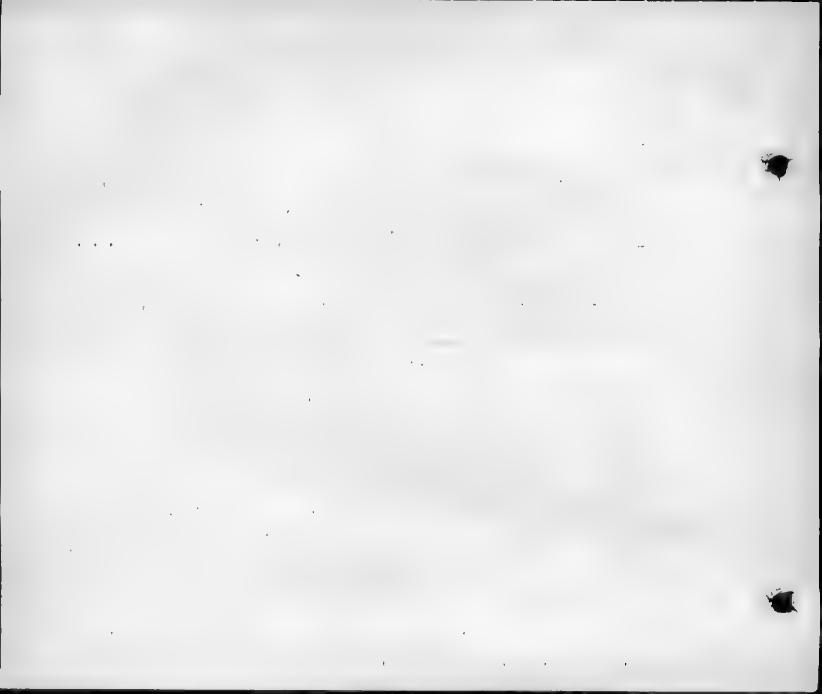
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10365

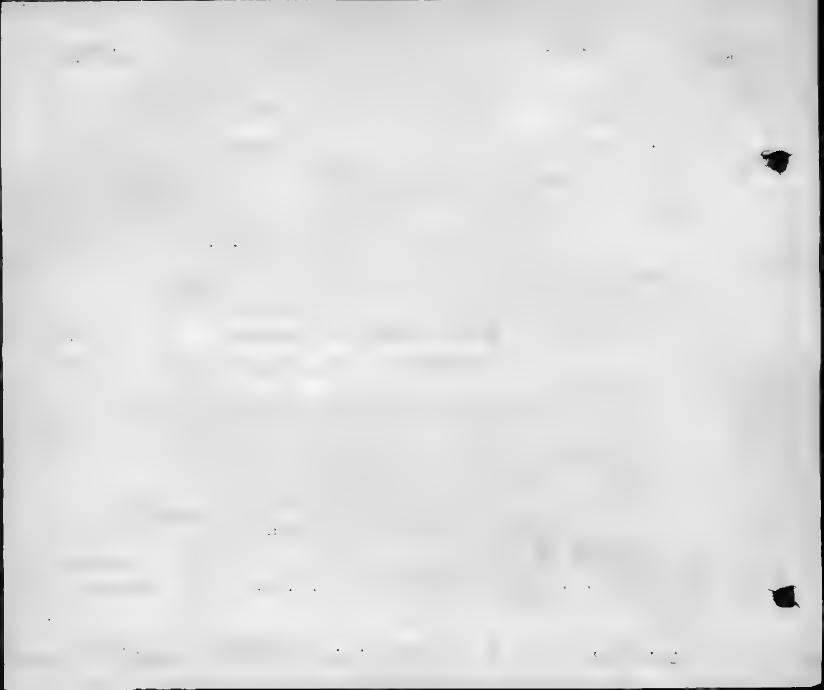
PLACE OF DEATH			MARYLAND	2 USUAL RESIDENCE o. STATE	E (Where deceas	ed lived. If institut b. COUNTY	(sion)
Mangamagy				Maryland_			Mont.gon		
b CITY OR TOWN (I RURAL and give no	f outside corporate limi agrest town)	ts, write	c. LENGTH OF STAY IN 16	ll	2.	porote limits, write l	RURAL ond give	nearest fow	n)
Silver Spri			4 davs	Kensingto		C.F	,	_	
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital g	ive street	oddress)	d. STREET ADDRE	SS j			e. IS RE	SIDENCE A FARM?
Althor-Mood	dlard			3119 Ma Car	mas Arrig	מינו			NON
3 NAME OF DECEASED	Fir	s.I	Middle	Last	4 DATE	Мо	nth	Day	Year
(Type or print)	Beulah		Favcett	Handy	DEATI	H Neute	mbor 14		1961.
S. SEX	6 COLOR OR RACE	7 MARI	RIED NEVER MARRIED	B DATE OF BIRTH	" '	9 AGE (n years lost birthday)			
Ferale	wlite	WIDOW	ED XX DIVORCED	November 6	1878	9.2 ya	Months Day	s Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work i	done 196.	KIND OF BUSINESS OF INDL	STRY 11. BIRTHPLACE (Stole or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?
School-Teac			chodi		d. Marvi		TI - S	R. A.	
13. FATHER'S NAME	SHOP			14. MOTHER'S MAIL					
Fdward Ilon	d Fawcett			R11a Ma	rlow				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	NFORMANT			dress		-
(Yes, na, ar unknown)	(If yes, give war or dates of s	ervice)	None Mi	er, Catherin	e Harry	Kensingt	Comas Av	venue vl _o d	
1B. CAUSE OF DEA	ATH Enter only one co	use per li	ne far (a), (b), and (c)?	n				NTERVAL B	
	TH WAS CAUSED BY	/	Par Sin	TE Chie			0	NSET AND	DEATH
11001	IMMEDIATE CAUSE (o		<u> </u>	1. 1:	45				, , , , , , , , , , , , , , , , , , , ,
4221		de la	Eller Aller	1/2 XDA	en ona	Mas.		48	MAG
Conditions, if o)	ney cac	Charles Start		1000		-1	0-0
cause (a), stating		ا ا	40 Vent	1 70		- Land		_ T	11
lying cause last) (c	1_60	receiver	cercus	2200			T	
	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO BEATH BU	I NOT RELATED TO THE	TERMINAL DISEA	ase condition gi	IVEN IN PART 1(o	1) 19. WAS PERF	AUTOPSY ORMED?
ICAI								YES [NO 🔼
20a. ACCIDENT WA	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURR	D. (Enter nature of inju	ry in Port I or Po	ort II of item 18.)			
UF EITHER, NOTIFY	MEDICAL EXAMINER)								
\$ 20c. TIME OF INJUR	RY Month, Doy, Ye	or 20d. I		ACE OF INJURY (Home		ity or town)	(Coun	ily)	(State)
Hour o.m.	19	While	Not while fo	ictory, street, affice bldg)., etc)				
\$ p. m.		of wo	rk at work			19/20			
21 1 certify the	at (I) (Ihis hospita	H_atteni	ded the deceased fram.			4/14		that (I)	
saw the decea	sed alive og	9/1	0_196/, and that	death accurred at	J. San, fran	n the causes a	nd on the de	ate state	d abave
22a. SIGNATURE	2 - 10		121		/		_	1	25 DATE SIGNED
1	Cerely 1	212	4422	M.D PHYS	DIRECTOR [STAFF PHYS	9)	14/6	/
22c PHYSICIAN'S		-		22d. ADDRESS	8248-	Leonges	a care	- 1	
NAME (Type)	MERRILL	M.	CROSS 19		men 5	brien	4	yary	land
230. BURIAL, CREMATIC	ON, 236. DATE THEREC)F	23c. NAME OF CEMETERY	OR CREMATORY	23d LOC	ATION (City, town)	, or county)	(Sie	ote)
REMOVAL (Specify)	9/16/61		St. John's Co	natame	Mou	ntoomerv	Country	Money	land
24 FUNERAL DIRECTOR			ADDRESS	250	DEC'D BY DECL		SISTRAR'S SIGNA		
			Rusu Georgia	Avenue	SEP 1 9 '6	4	hun & Has		
Wainer H. B	runnhrey. I	ne 👛 '	di Iver Spring.	Maryland DA	TG	Con	- 1 de, 1 Char	AAL	

ours after death. Page 4 a by the funeral director, and 2 should be filed with L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOWARD OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 may the last pital or ottending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filtipage 3 should be detached far use as the burial transit permit. Then please remove carbon papers. Pages the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10371 funieral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if natitutions a. COUNTY a. SIMaryland **b.** COUNTY Montgomery 4 p MARYLAND TYIY, E & EUX ₽ tal b. CITY OR TOWN (if ours de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give hearest town) write RURAL and give nearest town) Hyattsville Bethesda (Rural) 115 days .5. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3000 Lancer Drive U. S. Naval Hospital YES NO X 3. NAME OF 4. DATE Middle DECEASED 19 61 September 12 (Type or print) HARTWilliam Francis DEATH 9. AGE (In yours | IF LINDER I YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months Hours Caucasian Male WIDOWED I DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D. C. USA Art Gallery Guard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Collins Patrick J. Hart 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of service) Lucy M. Hart Same as #2 above 18. CAUSE OF DEATH [Enter only one cause par ine for (a), (b), and (c).] INTERVAL BETWEEN ONEET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinona dureme **DUE TO** Conditions, if any. (b) gave risa to immadiata cause DUE TO (a), stating the underlying cause last. PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (19). WAS AUTOPSY PERFORMED? YES 📆 NO 🗍 208 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of nury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INIURY OCCURRED 20e. PLACE OF INJURY (Homa, farm. 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 19.61 to Sentember 12.61 that N) (we) last 21. I certify that (this hospital) attended the deceased from. May 20 saw the deceased alive on September .. 1219. 61., and that death occurred at 8:10. From the causes and on the date stated above. 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS PHYS. 12 September 1961 22d. ADDRESS 22c PHYSICIAN'S R. W. MACKIE, CAPT MC NAME (Type) U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) State 238. BURIAL, CREMATION, | 23b. DATE THEREOF BUT Ja 7 (Specify) Va. Arlington Arlington National 14 Sept 1961 å å 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) S. H. HINES, 2901 14th St. Washington, D. C. Chilbur S. Kraus 15M 9/60



AND RECORDS, 301 W. STREET, BALTIMORE 1, MARYLAND FOR STATE DICAL EXAMINER'S 2. USUAL RESIDENCE (Where decessed I vad, If Institution, Kes dance before admiss on) PLACE OF DEATH is net.

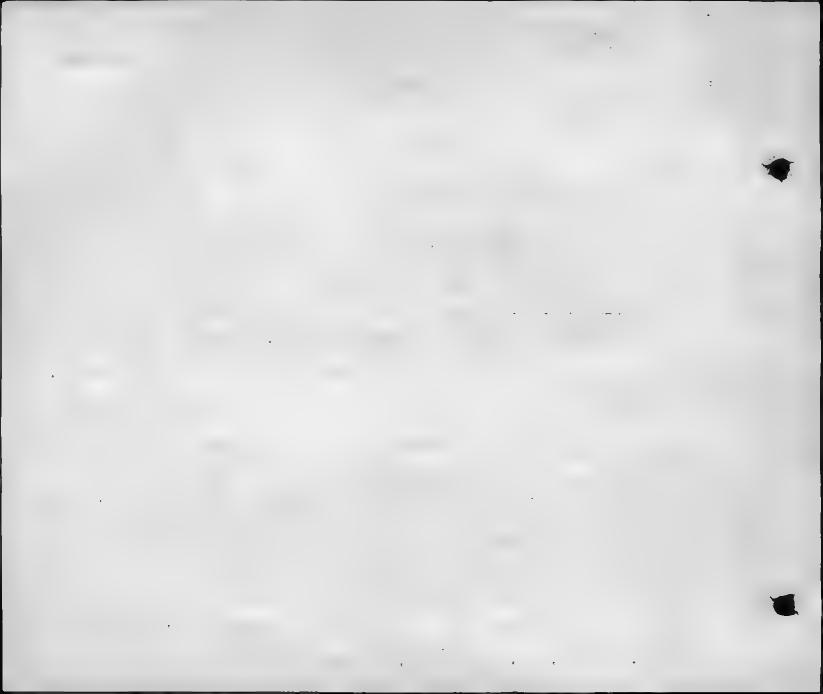
director. F.

vour files. a. COUNTY b. COUNTY Most 4 Dm erc 4
b. CITY OR DWN (if outside corporete limits, write RURAL and give neerest town) Mary Lanel Monto Daner y
c. CITY ORAOWN (It outside corporate limits, write RURAL and give necres town) c. LENGTH OF STAY IN 16 for your 14 hours 30,00 10 Kames TO KOME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? Hospita, YES | NO 10000 3. NAME OF DECEASED OF (Type or print) 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH DEATH September 9. AGE fin yours HF UNDER I YEAR lest birthday) | Months male WIDOWED [DIVORCED | Hugust 1 and 72 hours 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | A. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Mont gome ry Blair

Student High School Studen + 4.5.A. pages within Nobert E // 195/9 mg. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyasgiva werondelesofsarvica) HOSPITA None AND RESIDENCE OF THE PARTY OF T 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] **INTERVAL BETWEEN** and in ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MASSIVE HEMORRHAGE INTO THE RT. CEREBELLAR HEMISPHERE IMMEDIATE CAUSE (a) PONS AND MIDBRAIN AND ADJACENT Office DOE TO burial MULTIPLE SKULL FRACTURES 14 hrs. 30 mi Conditions, if any, which (6) the certificate, writing the word "pending" rewarded to the Clief Medical Examiner's CDIRECTOR: Page 3 should be used as a bed agent, prior to buriel, cremation, or rem geve rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO MASSIVE VASCULAR ENGORGEMENT OF BOTH LUNGS

ERNAL CAUSE WAS 2Db. DESCR. BE HOW INJURY OCCURED. (Enter neture of injury in Part II of item 18.) 2Ds. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, Hrm., 20f. (City or lown) factory, streat, offica bldg., etc.) Whila Not While at work at work 8544 -16 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection forwarded to L DIRECTO ated egent, p Accident . Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE _-DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) plnods 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 276. DATE THEREOF 22a, BURIAL, CREMATION, REMOVAL (Specify) 0 6 Fort Lincoln Cemetery Prince George's County Maryland
24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 9/27/61 Burial ADDRESS 8434 Georgia Avenue A15ME Orthur S. Frank Inc. Silver Spring, Maryland DATESEP 2 6 '61 Pumphrey, 5M 7/59

ND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institu ice before edmission) . COUNTY b. COUNTY . STATE Montgomery MARYLAND Maryland

c. CITY OR TOWN (if outside corporate l'imits, write RURAL and give neerest town) and 2 death. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Takoma Park, after Silver Spring. d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO ⋤ Washington Sanitarium and Hospital Elnora Street 3. NAME OF 4. DATE Month within 72 DECEASED OF (Type or print) DEATH Baby Boy Hawkins September A 6. COLOR OR RACE , 7 MARRIED NEVER MARRIED 9. AGE [r yeers IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) | Months Days Male WIDOWED [DIVORCED Sept. 100. USUAL OCCUPATION (G ve kind of work 1 106. KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Earl Hawkins China Victoria Maltba 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unkown) [If yes give we ror detes of service] father 18. CAUSE OF DEATH [Enter only one cause per line for .al. (b) and (c INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED, ATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying certificate has be use as the beneficial prior to buria PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Pert I or Pert II of Itam 18.1 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm | 20f (City or town) (County) (Stete) 4 may be retained to DIRECTOR: Affect of 3 should be detact the State Dept. of H factory, street, office bldg., etc.) While. Not White e! work et work 27, 1964, to 1/24, 1964, that (1) (we) last 22e. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHY5. 22d. ADDRESS 22c. PHYSICIAN'S NAME ITYPE Raymond F. Chinn, M. D. 1110 Spring St., Silver Spring, Maryland 23e, BURIA., CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) ÷ 2 Washington San. & Hosp. October 1. Takoma Park . Md. cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Circling S. Kraus 15M 9/60

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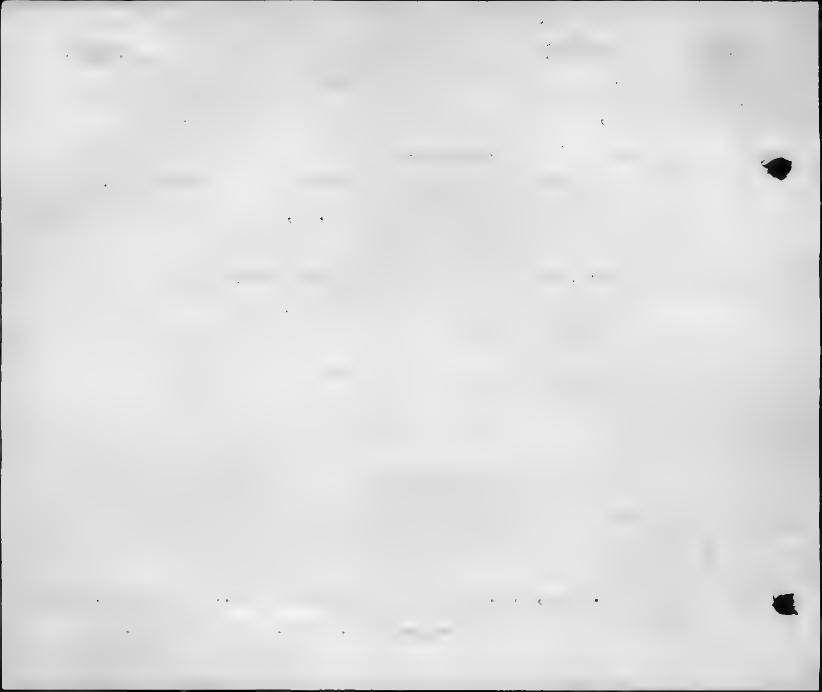
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10374

10369	
	ä

1, PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived on STATE	
Montgomery	MARYLAND	Maryland	Montgomery
b. CITY OR TOWN (If autside carporate limits, write RURAL and give necrest town) Kensingtom	c LENGTH OF STAY IN 16	Bethesda	nits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street	A	d. STREET ADDRESS	e. 15 RESIDENCE
Kensinston Gardens Sanitar		>	ON A FARM?
		dd'e Lost 4. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS Month of Start Month of Star	
3. NAME OF DECEASED (Type or print) Consta	nce Middle	OF .	SEPT. 6, 1961
5 SEX 6. COLOR OR RACE 7 MARK	THE COUNTY OF TH	DATE OF DIRTH 9 AG	birthdoy) Months Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or fareign country)	12 CITIZEN OF WHAT COUNTRY
Housewife Housewife		England.	England
John Smith.		Eliza Mar	y Cooper.
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Yes, no, or ugknown) [If yes, give war or dates of service;	SOCIAL SECURITY NO. 17. IN	FORMANT	Address
Yes, no, or unknown) [If yes, give war or dates of service;	None J	ohn G. Morris,son-	in-law-same 2d
1B. CAUSE OF DEATH [Enter only one cause per ti	pe for (a), (b) and (c)]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	erestral	VASCULAN A	Calden Suset and DEATH
2 2 1 X DUE TO	/1		
Conditions, if any, which)	-vterio.	sclerosis.	
gave rise to immediate DUSTO			
lying couse last.			
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3 Parkinsor	s Dise	AJE.	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I ar Part II of i	ilem 18 }
A Hour a m While	£	ACE OF INJURY (Home, farm, 20f. (City ar tav tary, street, office bldg., etc.)	vn) (Caunty) (State
21 I certify that (I) (this haspital) attend	ded the deceased fram	8/39 10/10 9	/ 6 , 196/, that (1) (we) las
saw the deceased alive an 2/6	- 1		causes and on the date stated above
220 SIGNATURE	rand mare	6.40 Pm.	22b DATE
1 Collender	- Maca	M.D. PHYS. DIRECTOR PHY	$^{\text{FF}}_{\text{C}} = 9/6/6 \overset{\text{Signed}}{\text{I}}$
22c PHYSICIAN S	-	22d. ADDRESS	16 11 0
NAMERTYPE) (GAY) 25 J	Everding 1	VW) 4401 E ASE U	est 1494 Beth
230 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O		City, fawn, or county) (Stote)
Cfemation 9/11/61	Cedar RHil	l Crematory Suitl	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY REGISTRAR	25b REGISTRAR'S SIGNATURE
Robert A. Pumphrey Be	ethesda, Mar	yland DATESEP 1 4 '61	Chillian S. Flrance

urs after death. . Page 41. in by the funeral TO HO Direct by the haspital or attending physician

TO FULL DIRECTOR; After this certificate has been signed by the ottending physician and campletely fi exten page 3 should be detached for use as the burial fransit permit. Then please remaye carbon pagers. Pages 1 and the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10375 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Insti a. COUNTY b. COUNTY by the and 2 death. Montgomery MARYLAND Pennsylvania b. CITY OR TOWN (if outside corporele limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) by write RURAL and give nearest town rs. Pages 1 , hours after of .5 📆 Bethesda (Rural Philadelphia days Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Chestnut St. U. S. Naval Hospital 3. NAME OF Middie 4 DATE Month 72 DECEASED ded OF (Type or print) DEATH September within Tee Heacock Roger carbon AGE (in yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BRIM 7. MARRIED K NEVER MARRIED one lest birthday) Months Male Caucasian widowed DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Consul U.S. Government Iowa 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please attending Eva Schaffer Charles Clement Heacock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT hen Address (Yes, no, or unkown) | (Ifyesgivawerordetesafservice) the Marieluise Heacock Same as #2 18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).) À g physicial signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e. has been signed to burial-transit p Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 certificate CERTIFICATION (D) EMPYENT 020 20e. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Part II of Iam IB.) OR CONTR BUT NG [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) delached may be retained by I DIRECTOR: After the 3 should be detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED : 20e. PLACE OF INJURY [Home, farm, 20f. (City or fown) [County] factory, street, office bldg., etc.) While Not While Hour am et work et work D.m196]., and that death occured at 4.5%, from the causes and on the date stated above. saw the deceased alive on Sept...21. 22e , SIGNATURE Sept 1961 DIRECTOR PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) VERNON N. HOUK. LCDR MC U. S. Naval Hospital, Bethesda, Md. FON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23s. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Swathmore Hast Lawn 22 Sept 1961 Burial-Shipment

ADDRESS

Wysconsin Ave, Bethesda ModAIE SEP 25'61

a. IS RESIDENCE ON A FARM? YES NO 🖵

Year

above

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

NO

(Stote)

22b. DATE

(State)

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Cirilar & Krana

SIGNED

19 61

O F B VR A15 (4) 15M 9/60

24 FUNERAL DIRECTORIS SIGNATURE

ō

hospital



LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institutions Residence before admission) is need director. Postrour files. a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN If outside corporate limits. E LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town) write RURAL and g v | learest lown) 6 days d NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street andress) NAME OF hidd e DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER I YEAR east birthday) WIDOWED V DIVORCED . 10a USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Duplex Electric accountent 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

(Yes, no, or unkown) | (Ifyesgivewerordatesof-arrival) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) **DUE TO** geve rise to Immediate seuse DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I SH 7 7 Sich - 27.
DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peri I or Pari II of Item 18.) sachus 200. EXTERNAL CAUSE WAS 20ь. PRIMARY OF CONTRIBUTING FT CAUSE OF DEATH. in Cotaclu as 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, sfleet, office bldg., etc.] Not While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy N. Inspection forwarded b death resulted from. Natural causes XI Accident [Suicide I Homicide ... Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE SI FUNERAL DEPUTY MEDICAL EXAMINER TY OSChart Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 40 9 Greenwood Cemetery Brooklyn New York <u> Pransit⊶Buria∏ 9/18/6</u> 24e. REC'D BY REGISTRAR (24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS 2:134 Ceorgia Ave we Raymond H VS. A15ME 5M 7/59 Inc. Silver Spring, Maryland DATE SEP 1 9'61

e. IS RES DENCE ON A FARM? YES NO V

Year

IF UNDER 24 HRS.

12. CIT ZEN OF WHAT COUNTRY?

INTERVAL BETWEEN CALLE

79. WAS AUTOPSY PERFORMED?

DATE SIGNED

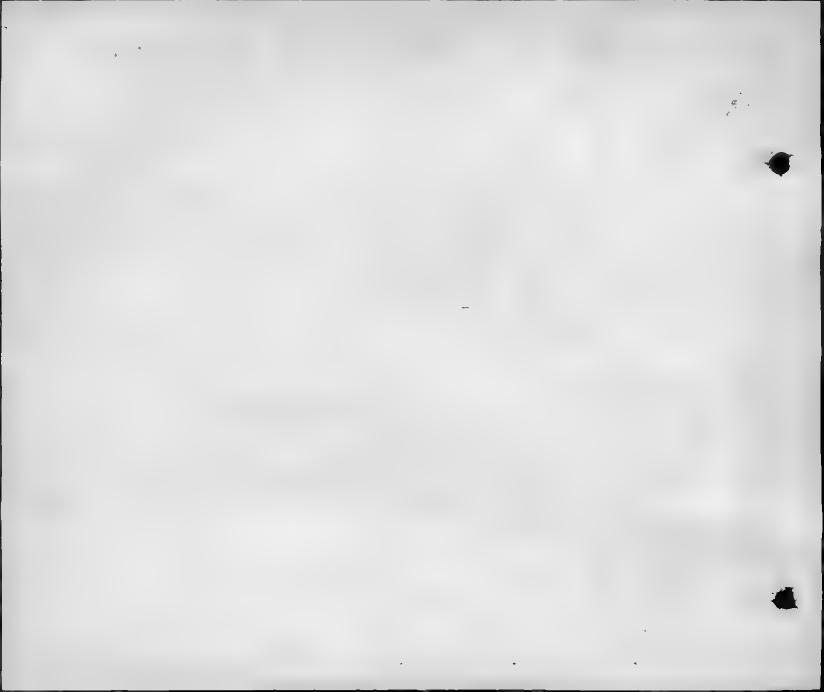
(Stete)

NO [

(State)

Months Days

(County)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

L	10377	CERTIFICA	TE OF DEATH	1035	72
1.	PLACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO O'S TATE Maryland	ere deceased lived. If institution Resider b COUNTY Mont	gomery
	b CITY OR TOWN (If outside corporate limits, wi RURAL and give necrest town) Woodfield	Life	c CITY OR TOWN (IF o	utside corporate limits, write RURAL and	give nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	reet address)	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NO D
3.	NAME OF First DECEASED (Type or print) Ruth	Green Hine	Last	4. DATE Month OF DEATH September	20 Year 1961
S		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH June 17, 192	last hirthday) Name	Doys Hours Min
10	o USLA: OCCUPATION (Give kind of work done during most of working life, even if ret red) Secretary—Bookkeeper	Fuel Oil Inc.	Mary Land	or foreign country) 12 CIT	USA
)	Filmer W. Green		14. MOTHER'S MAIDEN N	Mary E. Ward	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? es, no, or unknown) [If yes, give war or dates of service]	16. SOCIAL SECURITY NO 17 IN 218-24-0475	FORMANT Elmer Hines		ithersburg, #1 Md.
	PART 1 DEATH WAS CAUSED BY MMEDIATE CAUSE (o) DUE TO Cand lians, if ony, which gove rise to immediate couse (o), stoling the under- lying couse last. CAUSE OF DEATH (Enter only ane couse (b) DUE TO DUE TO CUITO DUE TO COUSE (o), stoling the under- Lying couse last.	Nephro Sel Didbetes	evosis Mellit	os, Severe	INTERVAL BETWEEN ONSET AND DEATH 2 years
CFRTIFICATION	PANT II OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS JINDERLYING 13 206	DNS CONTRIBUTING TO DEATH BUT		NALDISEASE CONDITION GIVEN IN PAP Part I or Part II of item 18)	RT 1(a) 19 WAS AUTOPS PERFORMED? YES NO
MFDICAL CFR			ACE OF INJURY (Home, form tory, street, office bldg., etc.)	County) (Stat
	22E PHYSICIAN'S	2-c) 196 / and that d	eath accurred at 2.5. M D ATTENDING DI	M, from the causes and an 1h	L, that (I) (we) la e date stated abav 22b.DATE SIGNI
L	Burial Sept.23,19	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or county) Woodfield Maryl D BY REGISTRAR'S S	

Laytonsville, Md.

DATE SEP 2 5 '61

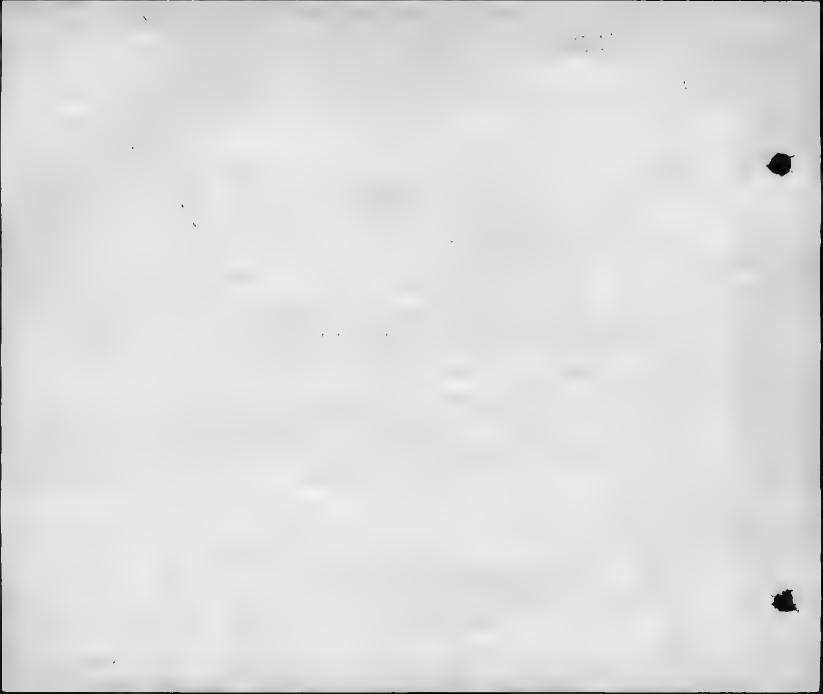
arthur S. Kraus

TO FUNE VR A15 (4) 15M 9/59



Division of STATISTICAL RESEAR EDICAL EXAMINE R'S (RESIDENCE (Whara dacaesad livad, If Institutions Residence before admission) PLACE OF DEATH v is necessary, director, Page or your files. bard of Health, COUNTY MARYLAND Chamber L LICITY OR TOWN c. LENGTH OF STAY IN 16 15 d NAME OF HOSPITAL OR INSTITUTION IT not in hospital, give street address a. IS RES DENCE ON A FARM? YES NO DECEASED OF (Type or print) DEATH 19 W. Ph 6. COLOR OR RACE 7. MARRIED AGE (In years , IF UNDER 1 YEAR WIDOWED TO 10a. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF 12. CITIZEN OF WHAT COUNTRY? doge, during most of work no I to, award retired 13. FATHER'S NAME unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addaess (Yas, no, or unkown) | (Ifyesgiva warordatas of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute coronary insufficiency davs IMMEDIATE CAUSE (a) DUE TO Severe coronary arterioslcerosis Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying Fractures of the pelvis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HALL 19. WAS AUTOPSY PERFORMED? YES 🔀 NO 2 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of In any in Part I or Part I. of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 007 forwarded to the Chief L DIRECTOR: Page 3 20e. PLACE OF INJURY (Home, farm, 20f. ICity or lown) factory, street, office bldg., etc.) 1 20d. INJURY OCCURRED Not While at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Natural causes Accident X Suicide Homicide | Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DETE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE S Address (Street, city, town, or county) CREMATION. ALOCATION (CIN, town, or country) 40 6 774a. REC'D BY REG STRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

ARTMENT OF HEALTH



FOR STATE DEDT TO L. VITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

Jelease exacute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board of Health,

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LUJ79 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

JEPI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution led to be admiss on)
\sim	Marit Camara
N A	b. CITY OR TOWN (if outs do corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs do corporate I mits, write RURAL and the nearest lown)
IVI	DAA Q. IV.
	d. NAME OF HOSPITAL OF INSTITUTION (I not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE
	Washington Janitarum + Hoop. 75.7 Silver Spring Addres No I
00	3. NAME OF Les 4. DATE Month Day Year
Ö L	(Type or pent) Fract F PAUL Hogman DEATH 9 24 1961
atte	5. SEX 6. COLOR OR RACE T. MARRIED NEVER MAR
T	WIDOWED DIVORCED August 13, 1882 79 yrs Months Deys Hours Min.
	10e USLAL OCCUPATION (Give kind of work done during most of working life, even if regired) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Engineer & Smithsonian Institute, Sweden U.S.A.
<u> </u>	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
} ±=	Unknown Unknown
γ. Σ	75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (flyesgive-were detesofservice) 25,928 Woodfield Road
è	Yes WW1 - Mr. James E. Stephen's Damascus, Maryland
<u>c</u>	18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
9	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COZUNCIE OCCLUSE AUG RES
<u>,</u>	DUE TO
Ş	Conditions, if any, which (b)
ē	geve rise to immediate cause (a), stating the underlying DUE TO
ò	cause lest, (c)
Š.	PART II. OTHER'S GN FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY PERFORMED?
E (YES NO DE
5	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter neture of in any In Pert I or Pert I of Item 18.) PRIMARY DISCRIBETION DESCRIBE HOW INJURY OCCURED. (Enter neture of in any In Pert I or Pert
in Ta	
٥	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour s.m.
ঠ	≥ pm. 19 is work or work
ă	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
TC-	death resulted from. Natural causes X. Accident . Suicide . Homicide . Undetermined manner
8	ACTUAL A ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
ate	SIGNATURE THE ME AND ASSISTANT MEDICAL LAMBERT
D S	EXAMINER'S FLANKT. Bhosch-2 LA Address (Street, city, town or county) 9-24-61
s de	226. BLRIAL, CREMATION 276. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or country) (Siete)
iti k	REMOVAL (Specify) Burial 9/26/61 Monocacy Cemetery Bealsyillem Maryland
•	23 JUNERAL DIRECTOR () ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
	Francisco Company To Seldy Georgia Avenue
	wather E. rumphrey, Incollver Spring, Maryland Daigep 26'61 Cultury & King



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institutions as distrable to a dimission)
maryland mary maryland	e. STATE MARCH STREET b. COUNTY MARCH COMPRES
b, CITY OR TOWN (if outside conforete limits, c, LENGTH OF STAY IN 16	c. CITY OR TOWN If outside co-parete limits, write BURAL and give nearest town
write RURAL end give naerest town)	HI Kansington Mil
Bethesda	1 / Constant
d NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
7 Suburban Hospital	YES NO
3. NAME OF Piral Middle	Lest 4. DATE Month Day Yeer
(Type or print) Kobecco LUIS	HOUSTON DEATH SPOT. 8 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Jan. 13, 1914 47 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Point Marion, Penna. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earl L. Snibler, Sr.	Nora Conn
TE WAS SPECIALLY PARTY FOR CALL AND CONTRACTOR AND	INFORMA HIISband Address Come of
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (Hyperg vewerordelesofserv.ce) Unknown	Same as
No Unknown R	ussell A. Houston Item #2.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	NTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ()	homen have 10 hours
	The state of the s
Conditions if any which a Cardio Marsi	a lay const chicaro
Conditions, if eny, which gove rise to immediate cause	class sellar alizable
(e), steling the underlying DUE TO	
ceuse lest.	
PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERM NAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Unabotes mellis	YES NO N
206 ACCIDENT WAS UNDERLYING TO 206, DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pert I or Pert I of Item 18)
DE JOS ACCIDENT WAS UNDERLY NO OR 206. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING LOADS OF DEATH OR CONTRIBUTING LOADS OF DEATH OR CONTRIBUTING LOADS OF DEATH OR CONTRIBUTING LOADS OF THE CONTRIBUTION OF TH	
	ACE OF INJURY , Home, ferm, 20f. (City or town) (County) (State)
Hour e.m. A Range While Not While for	ctory, street, office bidg., etc.)
	100
21. I cartify that (II) (this hospital) attended the deceased from	
saw the deceased alive on	t death occured at
320 STONATURE	ATTENDING MED, STAFF 276, DATE
1 / / / / / / / / / / / / / / / / / / /	ALD PHYS. MED. STAFF PHYS. STAFF
22c HYSICIAN'S	22d ADDRESS O A OUT MAIL
MAME (Typel. Chm B. Umhan	8805 Conn. Ave. Ch.Ch. M.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (Slete)
Burial Specify 9-11-61 Parklawn C	emetery Montgomery County, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda.	
	DATE OLI



death (2004 may be retained by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and come y filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

within 24 The law requires that the death certificate be exsi

OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10381 CERTIFICATE OF DEATH 10376

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decreased fixed, if institutions Residence before edmission)
Montgomery MARYLAND	Maryland b. COUNTY Montgomery
b. CITY OR TOWN (Fouls de corporele I m ts,) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Bethesda	Bethesda ***
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite, give street eddress)	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
8803 Melwood Road	8803 Melwood Road YES NO X
3. NAME OF First Middle	DATE Month Dey Yeer
DECEASED (Type or pr nl)	OF DEATH CORE 12 10 61
Florence	Howarth Sept. 12 19 OI
5. SEX 6 COLOR OF RACE 7. MARRIED 2 NEVER MARR ED	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
Female White WIDOWED DIVORCED	2/11/1885 76 yrs. 7 1
1De. USJA. OCCUPAT ON (Give kind of work 1Db. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired) ,	. England HOA
Housewife	England USA
13 LOTUER 2 MAWE	14. MOTHER'S MAIDEN NAME
William McDowell	Augusta Gwyane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give were redates of service)	INFORMANT Address
	argority D. Harranth daughton come 2d
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	argery D. Howarth-daughter-same 2d
	A PARTY AND DEATH
IMMEDIATE CAUSE (a) Chelled Casce	la Disease & Vardyon agitans
DUE TO A A A	
Conditions, if eny, which \ (b) Ceretical arth	rivadensis
gove rise to immediate cause	
(e), steting the underlying (course lest.	
The state of the s	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 99. WAS AUTOPSY
PART II. O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT N	PERFORMED?
PART II. OTHER SIGNERICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO 🔼
20s. ACCIDENT WAS LINDERLYING FT 2Db. DESCRIBE HOW INJURY OCCURE	(Enter nature of injury in Port I or Port II of Itom 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20s. P.	ACE OF INJURY (Home, ferm, 201. (City or town) (County) (State)
Hour e.m. While Not While	
D TOUT THE THE THE THE THE THE THE THE THE TH	tory, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. P. Hour e.m. While Not While fel work et work et work	tory, street, office bidg., etc.]
21. 1 certify that (I) (this hospital) attended the deceased from	april 20, 1958, to Sept 12, 1961, that (1) (we) last
21. I certify that (I) (this hespite!) altended the deceased from saw the deceased alive on	death occurred at 12M, from the causes and on the date stated above.
21. 1 certify that (I) (this haspite!) attended the deceased from saw the deceased alive on. 24919.61, and the 22e. SIGNATURE	death occured as # AM, from the causes and on the date stated above. ATTENDING ATTENDING STAFF STAFF ATTENDING STAFF
21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 220. SIGNATURE	Capiel 20, 1958, to ALAL 12, 1961, that (I) (we) last death occurred at 154M, from the causes and on the date stated above. ATTENDING MED. STAFF 150NED PHYS. DIRECTOR PHYS. 9/12/6/
21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 24 19 19 19 and the 22c. SIGNATURE	death occured als TAM, from the causes and on the date stated above. ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS
21. 1 certify that (I) (this haspite!) altended the deceased from saw the deceased alive on. 220. 1961, and the 220. SIGNATURE	Capiel 20, 1958, to ALAL 12, 1961, that (I) (we) last death occurred at 154M, from the causes and on the date stated above. ATTENDING MED. STAFF 150NED PHYS. DIRECTOR PHYS. 9/12/6/
21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 220. 1961, and the 220. SIGNATURE 220. PHYSICIAM S NAME (Type Jack Kleh 230. BUR AL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY	death occured at JAM, from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
21. 1 certify that (I) (this heapital) altended the deceased from saw the deceased alive on. 220 1961, and that 220. SIGNATURE 220. PHYSICIAN S NAME (Type Jack Kleh 230. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	death occured at 12 m, 195%, to 12 m, 1964, that (I) (we) last death occured at 12 m, from the causes and on the date stated above. ATTENDING MED. STAFF DIRECTOR PHYS. D. 9/2/6/ 22b. DATE 1GNED PHYS. D. 22d. ADDRESS 915-19th Street, N. W. Ash. D. C. OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
21. 1 certify that (I) (this hespite!) altended the deceased from saw the deceased alive on. 220. 1961, and the 220. SIGNATURE 22c. PHYSICIAM S NAME (Type Jack Kleh 23c. BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Bur, Transit 9/14/61 Roseland Page 14/61	ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. PLASS 915-19th Street, N. W. Jash. D. C. OR CREMATORY 23d. LOCATION (City, town or county) (Stete) The country of the causes and on the date stated above. 22b. DATE 19th STAFF PHYS. Ph
21. 1 certify that (I) (this heapital) altended the deceased from saw the deceased alive on. 220 1961, and that 220. SIGNATURE 220. PHYSICIAN S NAME (Type Jack Kleh 230. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	ATTENDING MED. STAFF DIRECTOR PHYS. PLASS SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. STAFF PHYS. STAFF DIRECTOR PHYS. STAFF PHYS. STAFF DIRECTOR PHYS. STAFF SIGNATURE 22b. DATE SIGNED PHYS. STAFF PHYS. PHY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10382

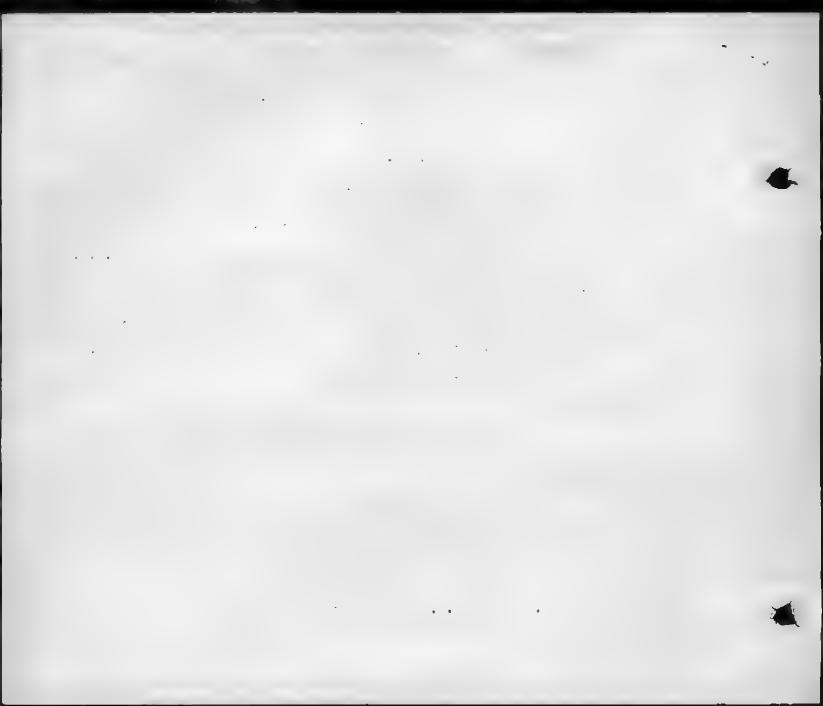
CERTIFICATE OF DEATH

Reg. Dil 0377

				Reg. Diff (No.)					
1. PLACE OF DEATH COUNTY Montgome	a proje	MARYLAN		usual residence (Who state North Carol		If institution Residence. COUNTY	e before admission)		
b. CITY OR TOWN	I (If autside corporate limits, wr	ile c. LENGTH OF STAY IN 1		c. CITY OR TOWN (IF or		nits, write RURAL and a	ive negrest town)		
RURAL and give	· · · · · · · · · · · · · · · · · · ·	65 days		Winston-Sal		and the same B.			
Bethesda	PITAL (If not in hospital, give st			d. STREET ADDRESS	Care	75.4	. e. IS RESIDENCE		
The Clin	ical Center, B		l.	341 Gregory	Street	/ 0×	ON A FARM? YES NO D		
3 NAME OF DECEASED (Type or print)	John	Middle Ray		Huffman	4. DATE OF DEATH	Month September	20 Year 1961		
s. sex Male	The second second	MARRIED [3] NEVER MARRIED [OWED DIVORCED [vember 13,	1930 30°	A control of	YEAR IF UNDER 24 HR Days Hours Min.		
IOn. USUAL OCCUPA	TION (Give kind of work dane)	106. KIND OF BUSINESS OR IN		- /	or foreign country)		ZEN OF WHAT COUNT		
Chief Ope	'Drking lite, even it reliced)	Tobacco		North C	arolina		U.S.A.		
3. FATHER'S NAME			14	MOTHER'S MAIDEN N					
	ris Huffman			Ila Nellie					
S WAS DECEASEDE (Yex. no. or unknown) Yes	VER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)	nascertainable		MANThe Medi			Marwland		
	EATH [Enter only one cause p		7116	OTTITUDAL O	CHIVEL 9 DI	coneada 14,			
	ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY. Myocardial Ischemia									
	Conditions, if ony, which \ (b) Wegener's Granulomatosis 10 months								
gave rise to immediate									
cause (a), statis	ig the under- DUE TO								
	lying couse lost. (c)								
PART II. (THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONI	DITION GIVEN IN PART	I(a) 19. WAS AUTOPS PERFORMED? YES A NO		
PART II. (PART II. (PART III. (PART II	WAS UNDERLYING 20b. NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Er	iter nature of injury in P	art for Part II of i	tem 18)			
20c. TIME OF INJ	n. 10 W	od INJURY OCCURRED 20e hile Not while work of work	PLACE (foctory,	OF INJURY (Harre, farm, street, office bldg., etc.)			punty) (Stat		
21 I certify	that I attended the dec	eased from July 17		19 61 to Sep	tember 20) 19 <mark>61 ,that I l</mark> a	ast saw the daces		
alive on Se	eptember 20 🔠	9 61 , and that de-	oth occ	urred of 1:43A	M from the	course and an th	a data stated -b-		
	r 00 '	0	2111 000		LDDRESS (Street, cit		e odie sidred doa DATE SIG		
ACTUAL SIGNATURE	illiam !.	Sulle	44.0			r, National			
JISHAI ORE			M.D.	of Health			9/27/		
PHYSICIAN'S NAME (Type)	WILLIAM T. BU	FLER. M.D.		Bethesda 1). Marrel	and	71 621		
	ION, 226. DATE THEREOF	22c. NAME OF CEMETER							
REMOVAL (Speci Bur-Tran	sit 9/21/61	Forsythe M	CM	(.) (ily, lown, or county) Salem, N	(Stote) Caròlin		
3. FUNERAL DIRECTO		ADDRESS		24a. REC'D	BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE		
Robert A	. Pumphrey,	Bethesda, Ma	aryl	and DATE SE	P 2 7 '61	(7 +1 . 0	er .		

hours ofter death. Page 4 by the funeral director, and 2 shauld be filed with ATTENDING ENYSICIAN: The law requires that the lanth captificate be executed within 24 At Like Transcription or attending physician.

At DIRECTOR: After this certificate has been signed by the attending physician and completely filly the Director of the transcription of the burial transit permit. Then please remove carbon papers. Pages offer death. page 3 should be detached for use as the burial-transit permit. Then please remove the registrar prior to burial, cremation, or removal, and in any event within 72 hours TO HOSPITAL OR TO FUN VS A15 (4) 15M 10/57



YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECOR TON STREET, BALTIMORE & CERTIFICATE OF DEATH 10383 funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) e. COUNTY b. COUNTY Montgomery by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate I mits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Sellman Sellman .5 = filled d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 3. NAME OF 4. DATE DECEASED (Type or print) DEATH Magruder Hughes within Richard FLOO carbon 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH 9. AGE In years , IF UNDER I YEAR | IF JNDER 24 HRS. last birthday) and Male WIDOWED [D YORCED IDa. USUAL OCCUPATION G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. ERTHPLACE (County & State or foreign country) done during most of working life, even if retirad) Postal Clerk--U.S.Gov. Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME guip Cornelia Follin Benjamin R. Hughes aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or datas of service) Benjamin Hughes, Sellman, Md aftending physician, as been signed by the 1B. CAUSE OF DEATH [Enter only one cause per tine for (a), (b., and c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit 40.1 DUE TO ensive Cardiovascular Disuse gave risa to immadiate causa DUE TO (e), stating the underlying cause last. PART 1, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY hospital COND 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II ined by the Patter this caletached for OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d, INJURY OCCURRED 20e, PLACE OF IN.URY Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While Hour e.m. at work at work may be retaine DIRECTOR: / 3 should be det 1950 to ... 21. | certify that (|) (this hospital) attended the deceased from saw the deceased alive on. 220. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. REVSICIAN'S 22d. ADDRESS NAME (Type) Barneswille, Md Gordon M.Smith director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF

9/7/61

YR A15 (4) 15M 9/60

REMOVAL (Specify)
Burial

24 FLINERAL DIRECTOR'S SIGNATURE

ADDRESS Barnesville, Md

National Mem.Park

DATE

Falls Church, Va.

25s. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Montgomery

Sept.4

Months

Days

U.S.

(County)

Sep.T ..., 196/ , that (1)-(we) tast

a. IS RES DENCE ON A FARM? YES NO X

19 **61**

Hours

INTERVAL BETWEEN ONSET AND DEATH

10 minutes

PERFORMED? NO X

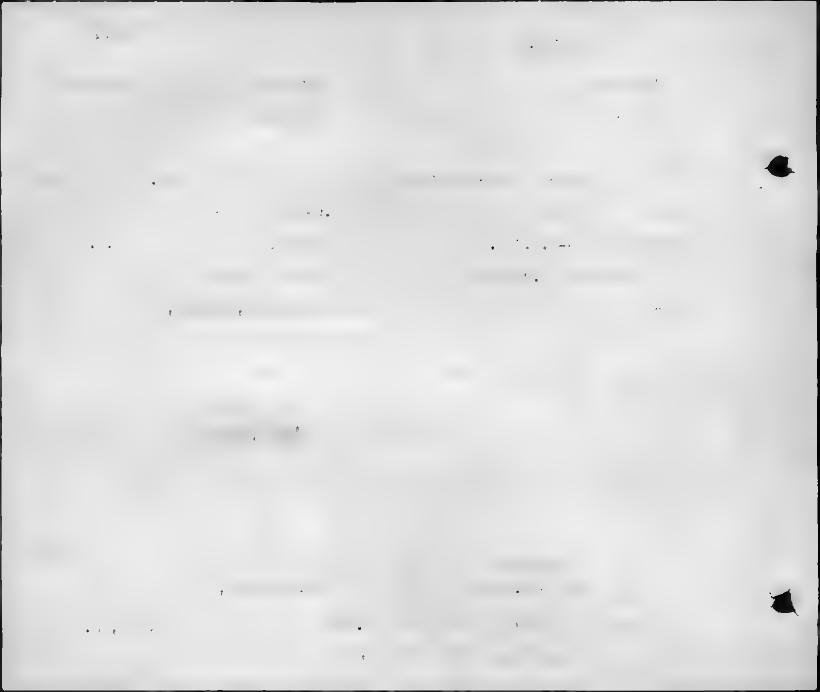
(Stata)

22b. DATE

(Stata)

SIGNED

1 12 C TIZEN OF WHAT COUNTRY?



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admission) I. PLACE OF DEATH is nec. director. Per vour files. a. COUNTY a. STATE MARYLAND b CITY OR TOWN (if outs'de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? retained he State E YES NO 3. NAME OF DECEASED (Type or print) DEATH 196 with B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR NEVER MARRED IF UNDER 24 HRS. 5 may od 2 with last birthday) Months WIDOWED 🔽 DIVORCED 10a. USUAL OCCUPATION (G. ve kind of work Pages I. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done dupryg most of working life, eyer, if retired) Pages Minim 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ije j with forpy permit. file 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address é [Yes, no, or unknwn] ! (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY orderes IMMEDIATE CAUSE (a) sudde DUE TO Conditions, if any, which (b) gave rise to immediate cause 10 DUE TO SE (a), stating the underlying ò cause last. nseq PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 31 19, WAS AUTOPSY Medical Ex Cremeti PERFORMED? the word NO d 208, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of migry in Part I of Part II of item 18.) Chief Mec age 3 shou to burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm, 20f (City or fown) [County] (State) While Not While factory, street, office bldg., etc.) forwarded to the CL DIRECTOR: Pac nated agent, prior to Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry K Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER execute DATE SIGNED FIRST WHE DEPUTY MEDICAL EXAMINER NAME [Type] Address (Street, city, town, or county) 9989 22a, BURIAL, CREMATION. DATE THEREOF OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Scacely) Q40 p Luca 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



LAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) f.les. Health e. COUNTY **b.** COUNTY Page a. STATE MARYLAND b. CITY OR TOWN (if outside gorpe c. CITY OR TOWN III guiside corposate limits, waite RURAL and give neerest town) LENGTH OF STAY IN 16 d. NAME OF HOSPI IS RESIDENCE ON A FARM? ☐ NO ☐ refained NAME OF Middle DECEASED OF The se 5 mc. and 2 with (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 77. MARRIED X NEVER MARRIED Months Houn WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give k od of work 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) atozer pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkawn) ! (If yes give wer or deteg of service permit. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).) INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Conditions, if any, which (6) gave rise to immediate cause as a Examiner's DUE TO (a), stelling the underlying cremation, or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO -Medical CERTIFICA 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Port I or Part II of item 18.) shoule PRIMARY OF OF CONTRIBUTING [] Chief the Chie 20d. INJURY OCCURRED CO. PLACE OF INJURY (Home, farm, 201. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) faglory, street, office bidg., etc.) Not While et work et work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide Homicide X Undetermined manner death resulted from: Natural causes Accident please execute the c
4 should be forward
TO FUNERAL DIRE
or its designated ag CHIEF MEDICAL EXAMINER 🗍 ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURFAL, CREMATION. 224. LQCATION (City, lown, or country (Steta) REMOVAL (Specify) 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR VS. AISME . DATE SM 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) COUNTY a. STATE Mary / and Monton me c. CITY OR TOWN (if outside corporate limits, write RURAL and rive nearest fown) b. CITY OR TOWN, if outside coporate I mits, write RURAL and give nearest lown) MARYLAND c LENGTH OF STAY IN 16 houy KOOK OF HOSPITAL OR INSTITUTION (if not in hospite, g ve street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle Year DECEASED OF DEATH SED (Type or print) carbon 5 SEX IF UNDER 24 HRS. 19. AGE (In yeers | IF UNDER 1 YEAR Y.F. lest birthdey) Months WIDOWED [10s. USJAL OCCUPATION [G ve kind of work physician 10b KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Montos maiden name 10 13. FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? I 16 SOC AL SECURITY NO (Yes, no, or unknown) (If yes a vewar or detes of service 18. CAUSE OF DEATH [Enter on y one cause per line for # INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. YSICIAN: hospital or PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18) 19. WAS AUTOPSY certificate PERFORMED 90 200. ACC DENT WAS UNDERLYING]
OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCR 8E HOW INJURY OCCURED (Enler neture of nury in Pert I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Dey, Yser While ... Not While fectory, street, office b dg , etc.) Hour e.m. el work at work TOR may be 22b, DATE 22e. SIGNATURE HAPHYS, ATTENDING A MED PHYS. POIRECTOR SIGNED FUNERAL 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) director, p 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 CREMATION 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR'S SIGNATURE VR A15 (4) HOSD AMELIA C. CARTER SUBURBAN Clothur S. Frank DATE OCT 1 6 15M 9/60 % BETHESDAL

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate daceased lived, if institution (if outside corporate limits, Ś DECEASED OF DEATH (Typa or print) 5. SEX last birthday) physician MOTHER'S MAIDEN NAME please affending 15. WAS DECEASED A VER IN ILS ARMED FORCES? Addrass Then 1/18. CAUSE OF DEATH |Enter only one cause per line for (a), (b) IMMEDIATE CAUSE (a) DUE TO gava risa to immadiata cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITIONING IN PART I(a) 19. 20b. DESCRIBE HOW INJURY OCCURED. (Enter 208, ACCIDENT WAS LINDERLY NG OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO editure of injury in Part I or Part II of iten 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) Month, Day, Year factory, streat, offica bldg., etc.) Not While Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from ATTENDING DIRECTOR PHYS. TO FUNERAL 22d. ADDRESS PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, I REMOVAL (Spacify) Arlington, National 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) Lee.Funeral Home. 300.4th st N E, Wash.D 15M 9/60 GATED 26'61

STREET. BALTIMORE 1, MARYLAND ON A FARM? YES NO 4 19 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

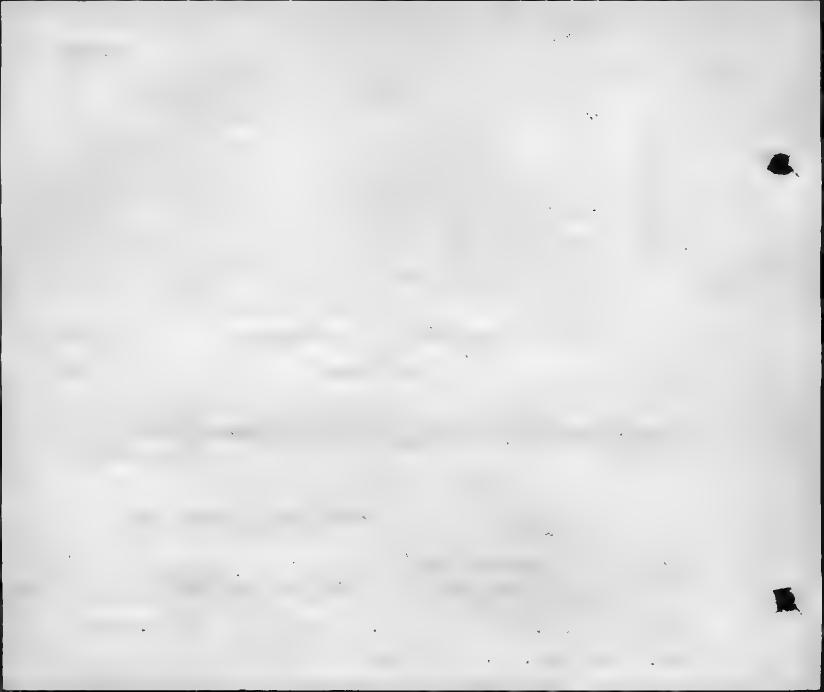
(State)

(County)

and that death occurred at ADM, from the causes and on the date stated above.

1 23d, LOCATION (City, town or county)

256. REGISTRAR'S SIGNATURE

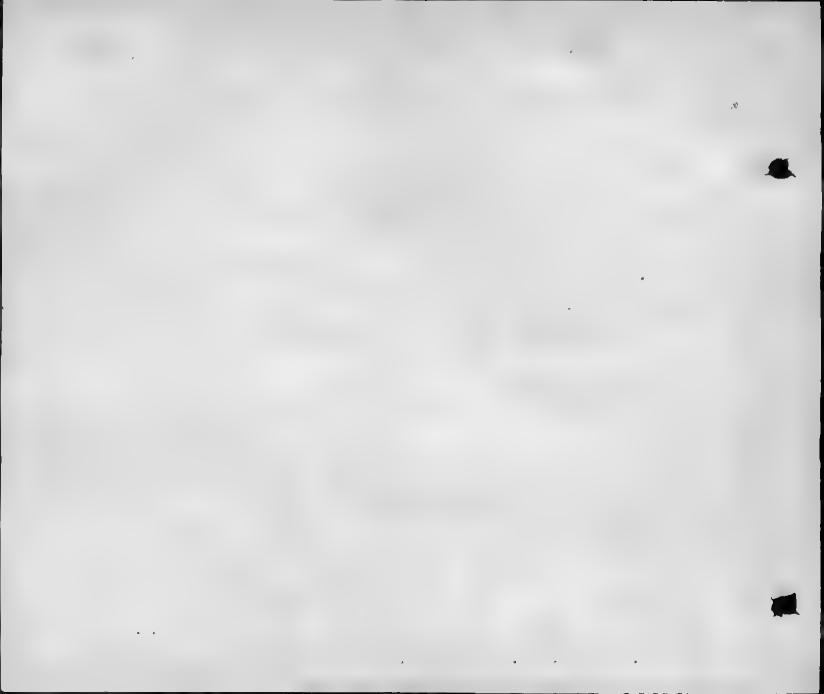


CERTIFICATE OF DEATH 10388 Rea. Dist(Nd.) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Fled a. COUNTY b COUNTY C CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits/ write RURAL and, ave nearest town RURAL and give nearest town) plant d. NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM BYOCKP YES THE NO NAME OF Middle 4. DATE DECEASED (Type or print) Gertrude DEATH 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX HE UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF SIRTH 9. AGE (In years) last birthdov) Months DIVORCED | WIDOWED DY 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bookkeeping BOOK - Kenser 13. FATHER'S NAME MOTHER'S MAIDEN NAME Benjamin F. Gerry Cleora (Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT No None 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL DETWEEN DEATH WAS CAUSED BY-**DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PAIT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES 🗍 NO 🕅 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur o. m. Nat while of work of work 21. I certify that I attended the deceased from that I last saw the deceased , and that death accurred at 12 DAM, from the causes and an the date stated above. alive an ADDRESS (Street, city or, town, state) DATÉ SIGNEÊ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Sandy Spring; Maryland 220 BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Cremation Cedar Hill Crematory Suitland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24o. REC'D 8Y REGISTRAR Robert A. Pumphrey, Bethesda, Maryland DATE SEP 27'61 VS A15 (4) arthur & Kraus 15M 10/57

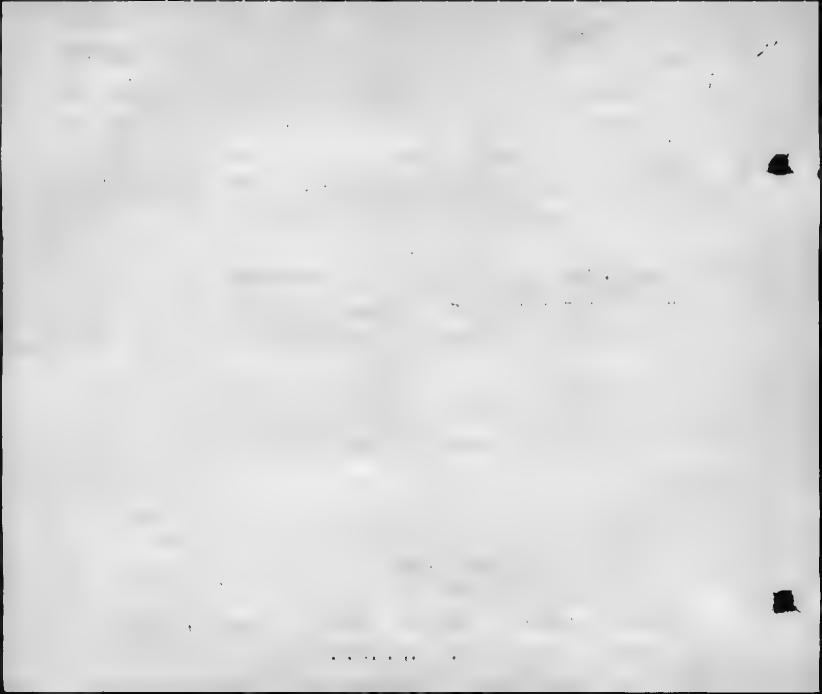
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. & 9 Film G297 2. USUAL RESIDENCE (Where decessed I ved, If Institution: Residence before edmission) PLACE OF DEATH e. COUNTY Page e. STATE ealth, **b. COUNTY** files. MARYLAND b. CITY OR TOW e. LENGTH OF STAY IN 16 c. CITY OR TOWN Iff ourside corporate limits, write RURAL and give new est town, director. d. STREET ADDRESS e. IS RESIDENCE for Boa ON A FARM? YES NO State 3. NAME OF DATE Day Year DECEASED OF DEATH (Type or print) 1961 6. COLOR OR RACE 7. MARRIED 8. DATE OF BRITH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED age 5 may 1 and 2 with 72 hours. Hours WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 950 date daying most of working life, even if retired) pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aaron O. Black Phoebe Rogers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) (livesgivewer or detes of service) 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY. mari IMMEDIATE CAUSE (e) Office DUE TO burial plnous Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying 85 83 PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO O 200, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of invury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | 1. Inquiry |x| and in my opinion 0 forwarded to L DIRECTO ated agent, p Undetermined manner [Natural causes Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE BIGNED should be for PUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address Street, c'ty, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 1 22d. LOCATION (City, town, or country) 226. DATE THEREOF REMOVAL (Specify) _g 4 0 g 9/22/61 Rock Creek Cemeterv Rurial Washington D.C. 23 FUNERAL DIRECTOR A. Z. 24e. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ADDRESS Inc. Silver Spring, Maryland VS. A15ME 5M 7/59 DATE P 21 '61 Collins & Hacks



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ORGANICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) y is necessary, I director. Rage or your files. oard of Health, e. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside comporate limits, write RURAL and give neares flown) ourside corporete limits, write RURAL and C. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO V 3. NAME OF DECEASED (Type or print) DEATH 19 6 / DATE OF BIRTH AGE (In year IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 📝 NEVER MARRIED 🗂 last birthday Months 1 Doys Hours WIDOWED DIYORCED yrs. 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 13. FATHER'S NAME ROBERT C. JANK PAULINE SCHULTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (Ify sgivewarordatesofsarvice) 1917 TO 1949 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN био ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Ě Conditions, if any, which - E gave rise to immediate cause DUE TO (a), stating the underlying cause lest, PART I OTHER SIGNIFICANT COND.T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1 81 19, WAS AUTOPSY 2 PERFORMED? Medical should be ial, crema NO 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I, of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. Chief age 3 to buri 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED., 20s. PLACE OF INJURY (Home, farm, 20f. (City or town, (County) (State) factory, street, office bldg., etc.) Hour e.m. Whila Not While et work at work 08: 21 I certify that I took charge of the remains described above, held an Autopsy | |, Inspection Inquiry 🔀 and in my opinion forwarded to DIRECTO ated agent, 1 death resulted from. Natural causes 💢 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Φ ACTUAL ASSISTANT MEDICAL EXAMINER should be fo DATE SIGNED SIGNATURE CAQ トプ Address (Street, city, town, or county) 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) E40 9 CEDAR HILL CREMATORY SUITLAND, MARYLAND 24a. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE YS. AISME William S. Trians SM 916D



TO HO THAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after death. Page 4 may in stoined by the haspital or otherwing physician.

TO HO! It is toined by the haspital or otherwing physician.

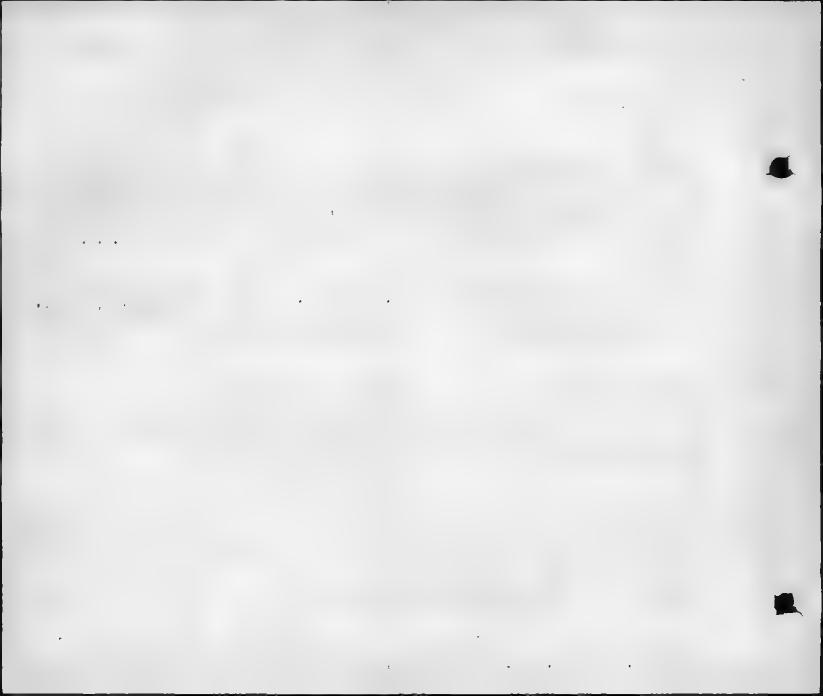
TO FULL A DIRECTOR: After this certificate has been signed by the attending physician and campletely fit.

A DIRECTOR: After this certificate has been signed by the attending physician and campletely fit.

Dogs 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Page and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs offer death.

MARYLAND	STATE DEPARTMEN	OF HEA	LTH-BALT	IMORE,	18

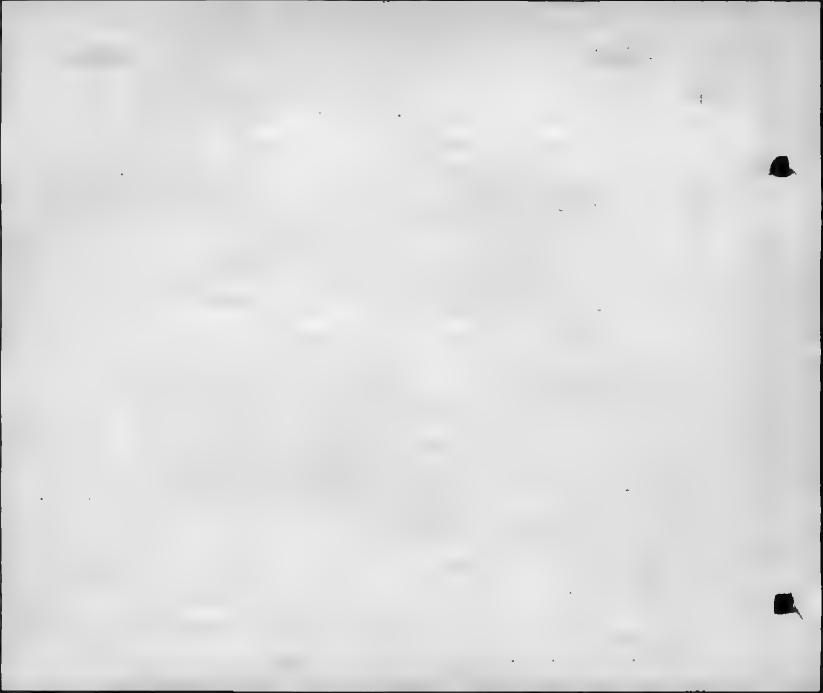
		10391		CERT	FICA	ATE OF	DEATH	1		Reg. Disk: No		
	PLACE OF DEATH o. COUNTY			NA.	LANE	2. USUAL RE o. STATE Marylat		ere deceased live	d. If institutions b. COUNTY MOI	Residence before	ore odmiss	ion)
	b. CITY OR TOWN (If RURAL and give nea	outside corporate limi irest tawn)	ts, write	c. LENGTH OF STAY	IN 16	c. CITY Of	TOWN (If o	utside corporate l	limits, write RUR	AL and give ne	arest lawn	1
<u>S:</u>	ilver Sprin			7 years		Silver		Ţ	2	2		
Н	d. NAME OF HOSPITA OR INSTITUTION	ut (ir nor in nospital, g	ive street (oddress)		d STREET	ADDRESS			`)	e. IS RES	DENCE FARM?
3.	<u>22 Highview</u>	Avenue				328 His	hview	Avenue			YES 🗌	NO 📝
)L	NAME OF DECEASED (Type or print)	Proximas Fi	" <u>"</u> [e1	Middle a Marie	121	ferso	ost	4. DATE OF DEATH	Soften	when of		Yeor 19 6 1
5.	SEX	6. COLOR OR RACE	7. MARR	ED TO NEVER MARRI		B. DATE OF BIR	TH	P. A		UNDER 1 YEAR	7	
	Female	White	WIDOWE	_		:ly 12,		6.	3 years	Aonths Doys	Hours	Min.
10	 USUAL OCCUPATION during most of worker 	N (Give kind of work a	Jane 10b. I	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTH	PLACE (State o	or foreign country	1)	12. CITIZEN C	OF WHAT	COUNTRY
L	Homemaker		Ov	vn Home		Indi	Lana			U.S	.A.	
13.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME				
	Eugene Gola					Eliza	abeth E	Rader				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO			. 12 T	£ £	Addres		A	
	No		_	None	lir.	Unarie	S 5. J€	efferson	Silver	Spring	vosui	lf.land
	18. CAUSE OF DEAT		use per lin	e for (o), (b), and (c).			4-			INT	ERVAL BE	TWEEN
	PART I. DEATI	H WAS CA <mark>US</mark> ED BY: BMMEDIATE CAUSE (o	CU	conic.	25	cerat	Tol C	olity			SET AND	
		DUE TO									d	
1	Conditions, if any											
	gove rise to im cause (a), stating th	mediate (
	lying couse last.) (c)									
CELLIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	A chie or	ATH BUT	NOT RELATED T	O THE TERMIN	VAL DISFASE COI	NOITION GIVEN	LIN PART I(0)	PERFO	NO TO
	200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	UNDERLYING DATH CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRED	l. (Enter noture	of injury in P	ort I or Port II af	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. ji. p. m.	Month, Day, Yes	r 20d. IN While al work	Not white	20e. PLA foc	CE OF INJURY lary, street, affi	(Home, farm, ce bldg., etc.)	20f. (City or to	iwa)	(Caunty)		(Stote)
1					17.1		. 8	24 11				
L	21. I certify tha	ir i airended rhe	decease	rom. S		IVE S	10 AC	est II,	, 1950 <u></u> ,1	that I last so	aw the	deceased
	alive on	nu o ,	, 19_6	c_L,_, and that	death	accurred a	1.4xx 4	r.M., fram the	causes and	d an the da	te state	d above.
١	ACTUAL SIGNATURE	ydrey	La	vertha	l,	n.o. 921	ocal	DORESS (Street	2 Rd.	Lilia	Bu	TE SIGNED
	NAME (Type)	idney		remithe	1,	4.p_				left	1,19	61
22	a. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREC	f	22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCATION	(City, lawn, ar o	county)	(State	*)
L	Burial	9/13/61		Arlington	Nati	onal Ca	moter	Arling	ton Cour	ntv.Vin	cinia	
23	FUNERAL DIRECTOR'S		ska.	ADDRESS			04- 0500	BY REGISTRAR		AR'S SIGNATU		
1			ne.	3434 Georgi Silver Spr	ing.	Mryla	DATE C	EP 1 3 '61	C.	11 mg 2. 10	cattle.	



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 4 2. USUAL RESIDENCE (Where deceased lived, if Institution delay is necessary, runeral director. Page rained for your files. State Board of Health, **E. COUNTY** Montgomery Montyomery MARYLAND CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Spring Olney hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS . IS RESIDENCE ON A FARM? Montgomery General Jospital State | 914 Snider Lane NAME OF Midd a DATE Day Month DECEASED OF Roberta Elizabeth Jenkins (Typa or print) ould be executed within 24 hours after death.

In pencil in Item 18. Give Peges 1, 2, and 3 to 1.

Office along with form PM3. Page 5 may be to burial-transit permit. File pages 1 and 2 with the burial-transit permit. File pages 1 and 2 with the burial and in any event within 72 hoursveffer. DEATH 9 29 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In yours | IF UNDER 1 YEAR last birthday) 9/18/1908 female 53 WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Virginia United States housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilford Hairfield Clearena Wolfrev 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Addrasi (Yas, no, or unkown) | (Ifyas giva war or datas of service) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ Cerebral hemortia DUE TO removal, Conditions, if any. gave rise to immediate causa DUE TO (a), stating the undarlying execute the certificate, writing the word "pending Id be forwarded to the Chief Medical Examiner' YERAL DIRECTOR: Page 3 should be used as designated agent, prior to burial, cremation, or r causa lost. PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES XI NO 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I for Part II of tam 18.) CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED & 20a. PLACE OF INJURY (Home, Jarm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While 9/29/61 Md. Cloverly at work Monta. at work I 21. I certify that I took charge of the remains described above, held an Autopsy 😿 . Inspection Inquiry and in my opinion Accident X Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE PUNERAL 9/30/61 should be DEPUTY MEDICAL EXAMINER K EXAMINER'S Broschart Frank J. NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) g40 9 George Washington CemeteryPrince George's County Maryland
24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Burial 23 SUNERAL DIRECTOR # 8434 Georgia Avenue Vs. A15ME Pumphrey, Inc. Silver Spring, Maryland | DATE OCT 3 Citibur S. Thomas 5M 7/59



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	10393		CEKII	IFICA	IE OF D	EATH	1		Bogo	Dist (No-A	
1. PLACE OF				1	2. USUAL RESID	ENCE (Who	ere deceased	l lived. If instit	ution Resid	ence before t	odmission)
o COUNTY	MONTGOMERY		MARY	(LAND	o STATE	ARYLA	ND	b. COUN	MOM YT	TGOMER	Y
b. CITY OR	TOWN (If outside corporate lin	nits, write c.	LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpoi	rate limits, write	e RURAL on	d give neares	I town)
SIL	nd give neorest town) VER SPRING		19 year	rs	SILVE	R SPR	ING		3/		
d. NAME (OF HOSPITAL (If not in haspital, ITUT ON	give street oddr	ress)		d. STREET AI	DDRESS			,		S RESIDENCE ON A FARM?
10,0	009 MARKHAM STE	EET			10,00	9 MAR	KHAM S	STREET			ES NO 1
3. NAME OF DECEASED (Type or pr		inst MAN KEH	Middle IOE		Last		4. DATE OF DEATH	SEPTE	Nonth MBER 2	Doy 26	Yeor 1961
S. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRI	ED 🔲 8	DATE OF BIRTH			9 AGE (In yea			UNDER 24 HRS.
FEMALE	WHITE	WIDOWED	I DIVORCE	DO	for 25	1890		71 · y	() Months	Doys H	ours Min
100 USLAL O	CCUPATION (Give kind of world	done 10b. KIN	D OF BUSINESS C	OR INDUST	RY 11 SIRTHPL	CE (Stote o	or foreign co	iuntry)	12.C	ITIZEN OF W	HAT COUNTRY?
Audito	ost of working life, even if retire •	·	A.O.		Washi	ngton	D.C.		Ţ	J. S. A	١.
13. FATHER'S I					14. MOTHER'S	MAIDEN N	AME				
Charles	Henry Volkman				Anna S	heaff	er				
	ASED EVER IN U. S. ARMED FO	RCES? 16. SOC	IAL SECURITY NO	IN	FORMANT				ddress		
No. br Jakan	If yes, give wor or dates of	A =	ne	Miss	Mary D	exter	Kehoe	0.009 1	Markna Sprit		
T .	E OF DEATH [Enter only one of	ouse per line fo	or (o), (b), and (c).			Я		0	J J	INTERV	AL BETWEEN
P.A	RT I. DEATH WAS CAUSED BY.	(ales		//	7	01 /	à lles	1	ONSET	AND DEATH
	IMMEDIATE CAUSE		CAMO I	week	ecell.	11/	an	ann	4	6	agro-
. ن	Conditions, if any, which)										
	ise to immediate	(b) ((C)	evrace	4	Memo	ICA	ervos	15-		-	
), stoting the <u>under-</u> use lost.										
	et (I. OTHER'S GNIFICANT COI	(c) NDITIONS CON	TRIBUTING TO DE	ATH RUT N	OT PELATED TO	THE TERMIN	JAI D SEAS	CONDITION	D. VENLINI P	APT 1(a) 19 1	WAS AUTOPSY
NO PA			18.007.110 10 01.	<u> </u>	TOT RELATED TO	1116 1603111	WED JEGGE	. CONDITION	217614 6417		PERFORMED?
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OR CONT	RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER			CCORRED.	(Cities Horoto Or	-	017 1 01 1 011	It of tion 10.			
	OF INJURY Month, Day, Y		RY OCCURRED	20e. PLA	CE OF INJURY (Fory, street, office	iome, form, blda., etc.)	20f (City	or town)		(County)	(State)
WEE _	P. m. 19	While of work	Not while of work		,,	//					
21. I ca	rtify that i attended th	e deceased t	fram		195.3	to Sa	nta	Ce 196	7.that L	last saw H	he deceased
alive a) June	2 19 Cc.	and that	death	occurred at	11350	130 1				
	1-110	11 9	F .,		7			rget, city or jow			EUT THUM
ACTUAL SIGNATUI	" M/ Y /2/1	mille.	1111	4.4	. 10mi	colar	will	Rel		<	1/2/1/1
	12/2/2	<u> </u>		P1	. 6 Tre 6 8 - 5	4		4-11-16-			1 retal
PHYSICIA NAME (Ty						the	NN.	kerin	4 1	MA	7
220. BURIAL, C		OF 22	c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, toy	or county		(Stote)
Burial	(Specify) 9/29/61	, Ar	clington	Nati	onal Cem	etery	Arli	ngton C	ounty	, Virg	inia
1. 1-624	DIRECTOR'S SIGNATURE	SKA	ADDRESS	Arra	2110	24o. REC'D	BY REGIST	RAR 24b RE	GISTRAR'S	SIGNATURE	
Warner	. Pumphrey, II	nc. 8434 Silv	∤ Georgia ver Sprin	ig. M	aryland	DATE 3	EP 2 9	'61	arthur	8. Krau	A



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) Mont comery **b.** COUNTY by the land 2 s MARYLAND b. CITY OR TOWN if outs da corporate I m is c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerest town) Bethesda Washington d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address d STREET ADDRESS AS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 3013 South Dakota Avenue N. YES NO 🚽 3 NAME OF DECEASED (Typs or print) DEATH September 15. Melda Kennedy 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS B DATE OF BIRTH ast birthday) Monthsi July 22, 1937 Female Nerroe WIDOWED -DIVORCED please rem 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired)
Editorial Clerk U.S.A. West Virginia Government 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME attending Bruce Kennedy Cliffie Wallace 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Then The Medical Records (Yas no or unkown) (Ifyesg vawarordatesofsetvical Unascertainable The Clinical Center, Bethesda 14, Maryland 18. CRUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c, INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILURE 1.5 DA. aftending 10 OPEN HEART SURGERY Conditions, if any, which gava risa lo immadiata causa DUF TO (a), stating the underlying has LENTRICULAR SEPTAL DEFETET hospital or a certificate ha rruse as the b PART I, OTHER S GNIFICANT COND, TIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8 1). WAS AUTOPSY 2Da ACCIDENT WAS UNDERLYING [20b DESCR BE HOW INJURY OCCURED (Enter natura of injury in Part I of Part II of II · PULLIONARY ITYPERTENSION PERFORMED? may be retained by the horself DIRECTOR: After this of should be detached for 20c. TIME OF INJURY Month, Day, Year , 20d INJURY OCCURRED , 2Da. PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) factory, streat, office bldg., etc.) While Not White Hour a.m. al work at work 21. I certify that (I) (this hospital) attended the deceased from September 10 1961 to September 15961, that (I) (we) last saw the deseased alive on Sentember 15 1061 ., and that death occured at 1.1 M. from the causes and on the date stated above. 22a. SIGMATURE 22b. DATE ATTENDING SIGNED 9-16-61 DIRECTOR PHYS. 3 PHYS FUNERAL 22c. PHYSICIAN'S 22d, ADDRESS National Institutes Of Health NAME (Type) Richard P. Anderson The Clinical Center, Bethesda 14, Md. 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) incoln Memorial နိုင္ခဲ့နိ FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) . ave. n. 6 DAKEP 1 8 181 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Resident . COUNTY filed COUNTY NAME AND ADDRESS OF arv erol CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAV and give negrest town) þe RURAL and give nearest town) shauld Ver d. NAME OF HOSPITAL of not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO 1 rah NAME OF 4. DATE Middle Year DECEASED fille (Type or print) DEATH ages Schlember 196 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED lost birthday) Months Dovs WIDOWED DIVORCED [papers. Ġ 10a. USJAŁ OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHRIACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House WI pup 13 FATHER'S NAME physicion 17 INFORMAN WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address 8 death CAUSE OF DEATH [Enter only one couse per-time for (o), (b), INTERVAL BETWEEN (c).] atten ONSET AND DEATH <u>a</u> PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO ģ gned by permit. Canditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stating the underlying couse lost. buriol-transit physician been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of Item 18) certificate 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour Q. m While Not while After this of work of work _19 6.1, that (1) (we) last 2) I certify that (I) (this haspital) attended the deceased from detached saw the deceased alive an , and that death occurred at shall from the causes and an the date stated above DIRECTOR: 22o. SIGNATURE 226 DATE ATTENDING PHYS M D 22c PHYSICIAN'S 22d. ADDRES TO FUNEKAL 230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION [City, fown, or count page the Sta CEMETERY CHARLESTON **ADDRESS** 2So REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 3101-14135 Danzansky 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where decessed lived, If institution: 15 15 15 16 16 16 dmiss on) I. PLACE OF DEATH a. COUNTY b. COUNTY the T TOWN f outside corporate limits, write RURAL and give neerest town and deat b. CITY OR TOWN ('f outside Š KomA Pages filled NAME OF HOSPITAL OR e. IS RESIDENCE ON A FARM? YES NO pallers 3. NAME OF Middle DECEASED (Type or print) DEATH 19 61 6. COLOR OR RACE | 7. MARRIED 5EX IF UNDER I YEAR IF JNDER 24 HRS. AGE (In years last bighdey) pue Months Hours WIDOWED DAVORCED physician 10a. USUAL OCCUPATION (Give kind of work OF BUSINESS OR INDE remove 10b 12. CITIZEN OF WHAT COUNTRY? done diring roost of working life, even if retired, 13. FATHER'S NAME 0 please aftending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN' oval, (Yes, no, or unkown) (Ifyesgive were rdetes of service) the 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DRATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying couse lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY certificate PERFORMED? NO X use 20b. DESCR SE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part It of item 18., 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH Po the 計 (IF EITHER, NOTIFY MEDICAL EXAMINER) etached Affer (County) (State) 20c. TIME OF INJURY 20d INJURY OCCURRED 20c. PLACE OF INJURY (Home farm, 20f. (City or town, Month, Day, Year fectory, street, office bldg , etc.) While Not While Hour e.m retained et work l et work 19 DIRECTOR: p.m. Ö 21. I certify that (I) (this hospital) attended the deceased from. I and that death occurred 7.2 P.M. from the causes and on the date stated above. should saw the deceased alive on 22b. DATE 22e SIGNATURE ATTENDING SIGNED DIRECTOR PHY5. PHYS M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23d. LOCATION (City, town or county) 230. BUR AL, CREMATION. REMOVAL (Specify) 高量 0 REGISTRAR 25b. REGISTRAR VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECO ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEAT USUAL RESIDENCE (Where decessed lived, if Institution e. COUNTY omeru b. CITY OR TOWN (if oulside forporete limits. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) e. LENGTH OF STAY IN 16 .5 ON A FARM? YES NO X DECEASED (Type or print) DEATH 6 COLOR OR RACE AGE (In years) IF UNDER 1 YEAR NEVER MARRIED test birthdey) Months 2 ma/e physician 12. CITIZEN OF WHAT COUNTRY? 940 USUAL OCCUPATION (Give kind of work done during most of working fe, even if retired) NONE 13. FATHER'S NAME ⊑ affending Vaushn a. 15. WAS DECEASED EVER IN U.S. 16 SOCIAL SECURITY NO 1 17 INFORMAN 18. CAUSE OF DEATH [Enter only one cause per lang for (a), (b), and (c INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8) 19. WAS AUTOPSY PERFORMED? NO K 206 ACCIDENT WAS UNDERLYING | 206 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH DIRECTOR: After this should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 2De, FLACE OF INJURY (Home, ferm, 2Df. (City or town) 20c. TIME OF INJURY (County) Month, Dev. Year Not While factory, street, office bldg., etc.) While Hour a.m. et work et work 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. Herbert Diamond 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town ou county) (Stele) REMOVAL (Specify) 0 Cremation Washington Sanitarium and Hospital, Takoma Park 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60 DATACT 2 arthur S. Krous Robert A. Hare, M.D. Wash, San, & Hospital

MARYLAND STATE DEPARTMENT OF HEALTH



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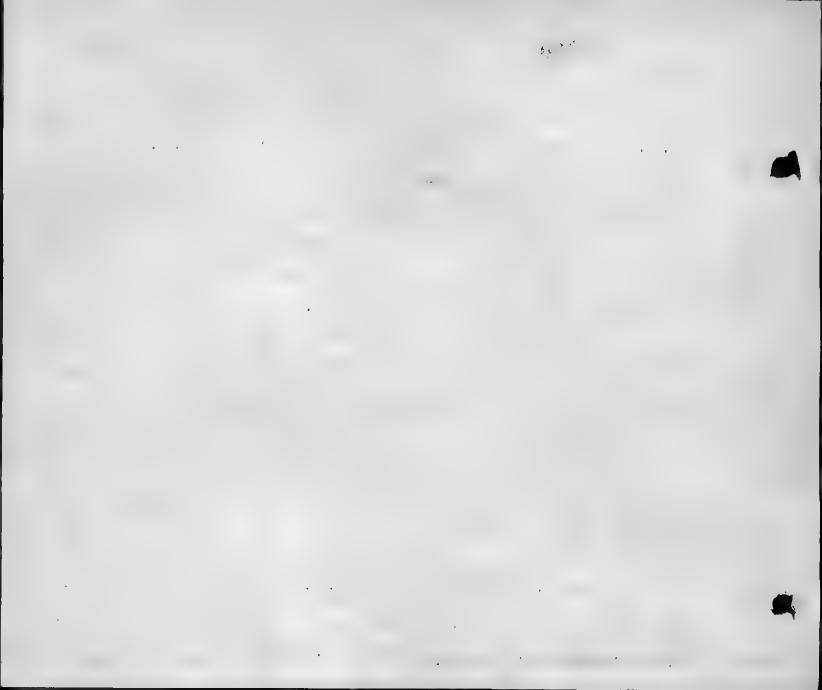
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) g. STATE 6. COUNTY MARYLAND D.C. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washin ton Sanitarium 5714 Colorado Ave. N.W. YES NO TH 4. DATE Middle. Lost Month Yeor FRANCES P. KURTZ DEATH Sept. 1961 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years Months Days Hours WIDOWED | DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Russia Russia 14. MOTHER'S MAIDEN NAME Louis Passis (Deceased) Hannah Kuptsow (Deceased 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117 INVENTAGE Address None Edith Bernstein 609 Elmira Street S.E. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part III of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fawn) (County) (Slote) factory, street, office bldg., etc.) While Not while of work of work 21. I certify that (I) (this haspital)/attended the deceased fram.... __, that (I) (we) last and that death accurred a DAM, from the causes and on the date stated above 226 DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS M.D. 22d. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county). (Slote) D.C. Lodge Cemetery Washington, D.C. 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE



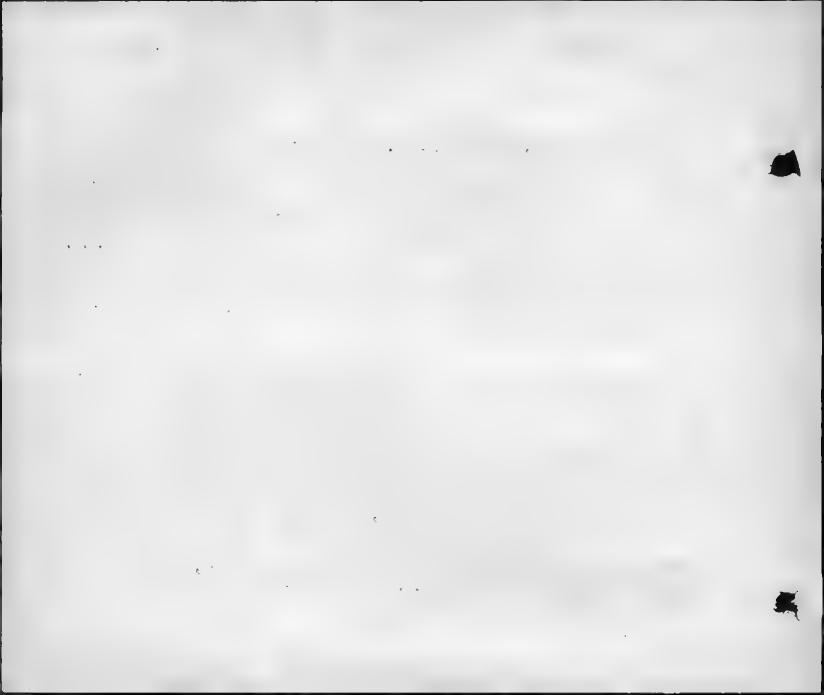
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daggased livad, if institution; Residence hafora admission) a. COUNTY 6. COUNTY by the and 2 death. Montgomery MARYLAND Virginia by th b. CITY OR TOWN (if outside corporate im ts. c. CITY OR TOWN (Louis da corporata limits, write RURAL and give nearest town) & LENGTH OF STAY IN 16 write RURAL and give nearest town) Bethesda (Rural 294 days Concord d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U. S. Naval Hospital YES [Route 1 3. NAME OF M ddla 4. DATE Month Dev Year DECEASED OF (Typa or print) DEATH Roger Tachapelle September 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) 8. DATE OF BRITH IF UNDER 24 HRS. jest b rthday) WIDOWED [DIVORCED T Caucasian 10a USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? гепохо dona during most of working life, even if retired) USA Armed Forces U.S. Navy Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Ple Unknown John Lachapelle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) (Ifyasgivawarordalasofservice) (W) Lena Perl Lachapelle, Same as #2 above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enler only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY, neuronente JMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(8. 19. WAS AUTOPSY certificate PERFORMED? NO [U56 prior 20b DESCRIBE HOW NIJRY OCCURED. (Enter natura of injury in Part I or Part II of ilam 18.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ached Affer 1 20d. INJURY OCCURRED , 20e. PLACE OF INJURY Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., etc.) While Not Whila Hour e.m. at work at work DIRECTOR: 228, SIGNATURE SIGNED DIRECTOR PHYS. Sept 26. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) IRONS, LT MC USN U. S. Naval Hospital, Bethesda, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 0.5% Sept 1961 Ceder Bluff Cemetery Annapolis Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Muneral Gome, Annapolis 15M 9/60



n 1			MANIKATE STATE S	EPARTMENT OF HEALTH	And - 10 A D201 A 2175
*			DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICA	os, 301 W. PRESTON STREET, BALTIM TE OF DEATH	ORE 1, MARYLAND
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s after funeral should	4		LAGE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, STATE b. COL	
47.4 97.4			Montgomery MARYLAND CITY OR TOWN (if outs'de corporete limits, LENGTH OF STAY IN 16	District of Columbia	ota 919A1 and give pagest (own)
by dead			write RURAL and give nearest town)		1 my m
in din din din estimater	3		Bethesda (Rural) 13 days NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Washington STREET ADDRESS	Te. IS RESIDENCE
Mith Fille Pag urs	*		U. S. Naval Hospital	6 Starboard Green, S.	W YES NO TO
Pers.			VAME OF First Middle	Lest 4 DATE Mos	
0 K			DECEASED Type or print) Kathleen Ann		tember 1 1961
e e e e e e e e e e e e e e e e e e e		5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year less burthday	Months Deys Hours Min
and cart nt, v		Fe	male Caucasian WIDOWED DIVORCED	June 1, 1957 4 4 Y	
ficat cian ove eve			SUBJECT OCCUPATION (Give kind of work during most of working life, even if retired)	TRY 11. BIRTHPLACE County & State, or foreign countr	y) 12. CITIZEN OF WHAT COUNTRY?
certii hysi rem any		-	Child	New York	USA
the grant of	1		FATHER'S NAME		
# # # # # # # # # # # # # # # # # # #			enry Edward Leddy WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	Katherine Thelma Sej	
# # #			, no, or unkown) (Ifyesgivewerordelesofservice,		#2 above
that the the		1	NO 18. CRUSE OF DEATH [Enter only one cause per line for (9), (b), and (c)]	menty is. Leddy beine as	INTERVAL BETWEEN ONSET AND DEATH
sicia d by pern or i			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE, (a) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (b)	newarrhage.	2 weeks
phy phy gne gne isit ion,			3 94 , 2 DUE TO 0 1		
ling Sin si I-trar			Conditions, If any, which (b) Loutewar	a, acule	1 year-
The tend the beautiful trial			gove rise to immediate cause (a), stating the underlying DUE TO	/	
or and has he be buria		_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT BELATED TO THE TERMINAL DISEASE CONDITION O	SIVEN IN PART 1(a) 19. WAS AUTOPSY
ital icate as to to b		(TIO)	PART II OTREK STORIFICANT CONDITIONS CONTROLLED DESCRIPTIONS		PERFORMED?
rosp nosp nertif use rior		IFIC		(ED (Enter nature of injury in Pert I or Part II of Itam 18.)	
PHY the this of for the p)	CERT	OR CONTRIBUTING CAUSE OF DEATH . (IF EITHER, NOTIFY MEDICAL EXAMINER)		
by the Heal	Seminar	3	L.	PLACE OF INJURY (Home, ferm, 20f. (City or town) eclory, street, office bldg., etc.)	(County) (State)
ned Aleta		MEDI	p.m. 19 et work et work		
TEN retai			21. I certify that (8) (this hospital) attended the deceased from	August 19 1961 10 Septe	mber, 19.61 that (1) (we) last
A SE E			saw the deceased leive on September, 11961, and the	at death occured at 2.04M, from the cause	s and on the date stated above.
OR DIR			220. SIGNATURE	ATTENDING MED. STAFF	SIGNED-
AL AL	- 1	1	22c. PHYSICIAN'S	22d. ADDRESS	
E ga a	- 1		NAME (Type) ROBERT V. RACK, LT MC USN	U. S. Naval Hospital,	Bethesda, Md.
ctor.		230	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City,	town or county) (Stefe)
2000		Bu	rial-Shipment 9-5-61 St. Johns Ce		ueens, New Yokk
VR A15 (4)			FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256, REC'D BY REGISTRAR 256.	
15M 9/60			Robert to Pumphoey June 1 Home, Bethe	sda, Md. DATE ST. 3	Orthur & Krous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) . COUNTY STATE Kansiii **b. COUNTY** MARKET Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Bethesda days Wichita d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUT ON ON A FARM? The Clinical Center. Bethesda 14. Md. 7 Saint Francis Street YES TO NO IX NAME OF First M. ddle 4. DATE Lost Month DECEASED 1961 (Type or print) Anna Maa Lee DEATH September 6 COLOR OR RACE 7. MARRIED IN NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Hours Female White WIDOWED [DIVORCED [September 13. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRYS Housewife None Illinois U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Homer Landrath Mary White WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT he Medical Record Address Iff yes, care war or dates of services No The Clinical Center, Bethesda 11, Maryland None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Eupolus IMMEDIATE CAUSE IOI **DUE TO** Conditions, if ony, wifich gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? YES DE" NO 🗍 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year 204 INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o.m. While Not while of work Of work p. m. August 29, September 21. I certify that I attended the deceased from .that I last saw the deceased September M, from the couses and an the date stated above ___, and that death accurred at. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE The Clinical Center, National Institutes of Health. Richard P. Anderson PHYSICIAN'S NAME (Type) Bethesda ll. Maryland 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Eity town or couply) (Sfore) ADDRESS 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE learnbers Co 1400 chahin St no. VS A15 (4) DATEP 2 6 '61 1SM 10/S7



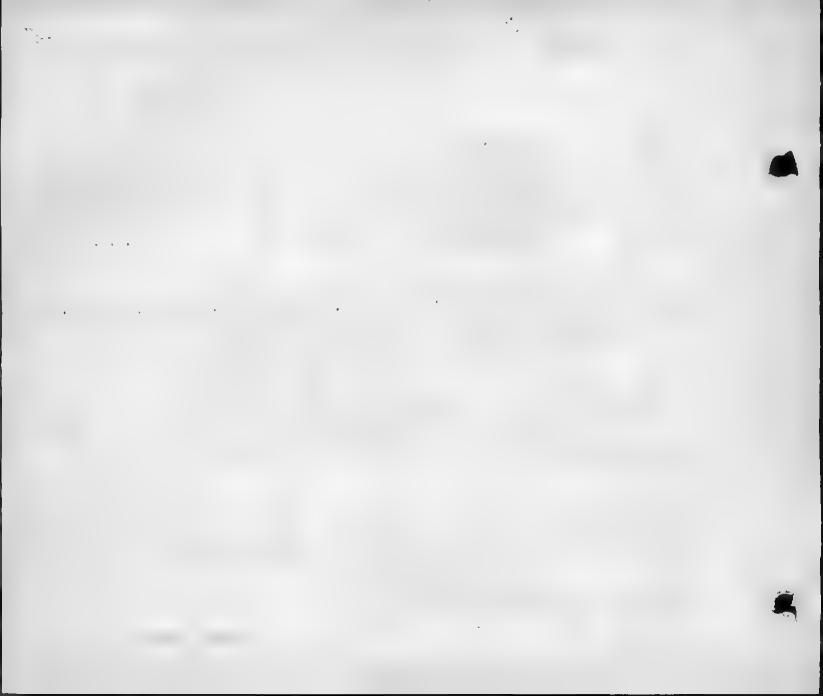
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 10400 director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY o STATE **b.** COUNTY MARYLAND Montgomery Marryl and Montgomery b. CITY OR TOWN (If outside corporale limits, write 20 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest town) ъ Silver Spring Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 1028 Quebec Terrace #2 1028 Quebec Terrace, Apt. #2 YES NO IX NAME OF Middle Day Year DECEASED OF DEATH 20712r (Type or print) 196 5. SFX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH Months Hours DIVORCED [7] WIDOWED [Mala White YES. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Carpenter Michigan U.S.A. Building 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emanuel Lehto 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No 1028 Duchec Terrace CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUF TO 200 Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. ATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO THE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) e. n. While Not while p. m at work at work Ledre 21. I certify that I attended the deceased from At 12 1961 that I last saw the deceased and that death occurred at 10 24M, from the causes and on the date stated above. alive on ADDRESS (Street, city or Jown, state) ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREO! 22c NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) CEMETERY Rumial Onla Wisconsin FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS A15 (4) Cluthus

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DIVISION OF STATISTICAL RESEARCH AND RE CERTIFICATE OF DEATH 10403 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution: Rasidence before #dm ssion) a. COUNTY L COUNTY Montgomery by the WARYT AND b. CITY OR TOWN (if outside corporete I mils, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Bethesda 66 davs Leesburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center, Bethesda l4, Md. R.F.D. # 1. Box 293 YES 💢 NO 3. NAME OF DATE (Type or print) Benjamin Franklin Leith, Jr. DEATH September 21 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years I of UNDER I YEAR lest birthdey) Months March 31, 1882 Male WIDOWED TO 10e. USUAL OCCUPATION (Givs kind of work I 106 KIND OF BUSINESS OR INDUSTRY 11 & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) physi Agriculture Farmer Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Benjamin F. Leith, Sr. Levenia Francis 15 WAS DECEASED EVER IN U.S. ARMED FORCEST. 16 SOCIAL SECURITY NO. 17. INFORMANT. The Medical Record (Yas, no, or unkown) (If yes give war or dates of service) No The Clinical Center, Bethesda 14, Maryland 18. CRUSE OF DEATH (Enter only one cause per line for (e), (b., and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY TO YOU'C MY GOGGOUS IMMEDIAJE CAUSE (a) DUE TO arteriosebraha androvascular disease gave rise to immediate cause DUE TO (e), stelling the underlying Grandlas XMG PART H. OTHER S GNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 20 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b DESCRIBE HOW NURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 29d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) Month, Dev. Yeer (State) Not While factory, street, office bldg., etc.) at work 21. I certify that (I) (this hospital) attended the deceased from July 17. 19 61 to September 21 6Lhat (I) (we) last saw the deceased alive on September 21,19 61, and that death occurred at 61 Lin Afform the causes and on the date stated above. 22b. DATE ATTENDING PHYS. DIRECTOR 9--21--61 22c PHYSICIAN S The Olinical Center, National Institutes NAME (Type) Louis of Health, Bethesda 14, Maryland BURIAL, CREMATION, | 23b. DATE THEREOF 1 23th. LOCATION (Sitty) toyth or county) (Stete) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 256. REGISTRAR'S VR A15 (4) 15M 9/III0 DATSEP 2



CF 1	tem 18 Film 298 10-2 MARYLAND STATE DEPARTMENT OF HEALTH
X	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10404 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 40208
HEALTH MEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
sary, Page les.	e. COUNTY MONTGOMERY MARYLAND . STATE M. D. COUNTY M. T.
ctor, Pagour files.	b. CITY OR TOWN (if outsign corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outsign corporate limits, write RURAL and o ve peaced town)
र है है है प	write BURAL and give herest town
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dela ed f ed f	111 Lee St. alet 486 111 1.00 St. all 406 YESTI NO DI
A single Sea	3. NAME OF First Middle Last 4. DATE Month Day Year
er d	(Type or print) Joseph Ray Lilley DEATH Self 23 1961
day of the safe	5. SEX 6. COLOR OR RACE T. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Mars IF UNDER 1 YEAR IF UNDER 24 HRS.
and and 2 v 2 v ours	male / white WIDOWED 1 DIVORCED 1 148-1907 50 411.
1, 2, 1, 2, 3 and and 72 h	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
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4 4 8 8 8 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4	13 FATHAS NAME
E G E E	15. WAY DECEASED EVER IN 11'S ARMED ROOFES LIA SOCIAL SECURITY NO LIE VINCOUNTY NO LIE VINC
Fig. 6	15. WAS DECEASED EVER IN U.S. ARMED FOR ES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no. or unkown) (Ifyesgivewer or dates of service)
with with any	18. CRUSE OF DEATH [Enfor only one cause per line for (e), (b), and (c).
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ancie e alce e a	Found dead
uid iffice uria	Conditions, if any, which to
S S S S S S S S S S S S S S S S S S S	geve rize to immediate cause
ndin iner d as	(e), stating the underlying Cause lest.
certifical d "pend Examin se used a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	PERFORMED? YES X NO 1
	YES WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert i or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CONTRIBUTI
TNESS ting It will be 3 sh	
writing Chief Chief lage 3 to buri	20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t (City or town) (County) (State) Hour s.m. White Not White factory, street, office bldg., etc.)
PN 00 IIII	₹ p.m, 19 et work al work
. 8 9 0 6 N	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
MEDICAL e the certific forwarded to be considered to be	death resulted from. Natural causes
MEDIC ite the cer forwarde L DIREC ated ager	ACTUAL CHIEF MEDICAL EXAMINER C
FORTH MED tease execute the stand be forward by FUNERAL DIR	SIGNATURE MD ASSISTANT MEDICAL EXAMINER DATE SIGNED
UITY I execute be for NERAL designal	NAME (Type) FLXNKT Bhischalt Address FLXNKT Bhischalt Address FLXNKT Bhischalt
shour FUN	220. BURIAL, CREMATION, 228 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 7226. LOCATION (City, lawn, or country) (Slate)
0.540 2	BLOOMS BUAG. PA
VS. AISME	24 JUNEAL DESCTOR CHARLES ADDRESS WASH D 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9 60	DATE SEP 2 6 '61 Clather S. thomas



A	r	9		4
ADING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	4		After this certificate has been signed by the offending physician and completely fills by the funeral director,	ed with
er death.			e funerol o	thed for use as the buriof-transit permit. Then please remove carbon papers. Pages i and 2 should be filed with
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within 24			itely filled	Poges 1
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TO HOSEITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute may be a unled by the hospital or attending physician.

TO FUNICAL DIRECTOR: After this certificate has been signed by the ortending physician and compage 3 should be detached for use as the buriol-transit permit. Then please remove carbon pape the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

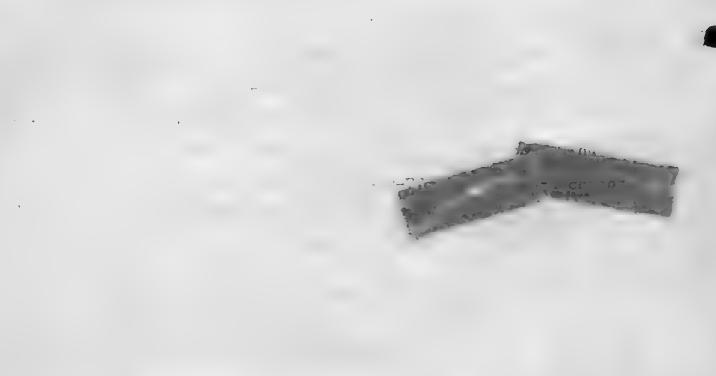
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 8 Fig. G. 22 9/10/61 11/k

10405	Thems 4 & CERT	IFICATE OF DEA	JH Voliwk	Reg. IDEN NACIO					
1. PLACE OF DEATH o. COUNTY 1.00 again To	MARY	Z USUAL RESIDENCE	(Where deceased lived If instr d b. COUN	tution Residence before admission)					
b. CITY OR TOWN (If outside corporate li RURAL and give nearest town) Rockville	imits, write c. LENGTH OF STAY		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Pockville						
d NAME OF HOSPITAL (If not in hospital OR INSTITUTION 13221 rowcen Drive	, give street oddress)	d STREET ADDRESS	Gen Drive	e is residence On a farm? YES \(\text{NO} \) NO \(\text{\frac{1}{2}} \)					
3. NAME OF DECEASED (Type or print)	First Middle	tost	O.C.	Aonth Doy Year					
S. SEX	TE 7. MARRIED NEVER MARRI WIDOWED DIVORCE	0 /2 5 /63	9 AGE (In yet last birthdo	ors IF UNDER 1 YEAR IF UNDER 24 HRS y) Months Days Hours Men					
100. USUAL OCCUPATION (Give kind of wor during most of working life, even if retire	rk done 10b. KIND OF BUSINESS Coded) Show Store	DR INDUSTRY 11 BIRTHPLACE (SI	ole or foreign country)	12 CITIZEN OF WHAT COUNTRY					
Nowman G. Little		14 MOTHER'S MAIDE Luraner 1							
15. WAS DECEASEDEVER IN U. S. ARMED FO (Ye). no. or unknown) (II yes, give wor or dates of YOS. TTT 1	ORCES? 16 SOCIAL SECURITY NO of service 579-10-6573			Address					
PART 1. DEATH Enter only one PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE	O COEDNAR	Y THROMI	3 0 5/5	INTERVAL BETWEEN ONSET AND DEATH THO HOUR					
Conditions, if ony, which)									
lying couse lost.	couse (o). stoling the under. lying couse lost. Cc SANTERIASCLEROSIS 15 Year 25								
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		CCURRED. (Enter nature of injury							
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21. I certify that I attended the deceased from State 1, 1960, to Dept 114, 1960, that I last saw the declared and the deceased from the date stated									
ACTUAL SIGNATURE TO LOT S.	Rosenberger, M.	D. 310 W	ADDRESS (Street, city or ton						
220. BURIAL, CREMAT ON, 22b. DATE THER	EOF 22c. NAME OF CEM	ETERY OR CREMATORY	22d LOCATION (City, tow	n. or county) (State)					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 24b RE						



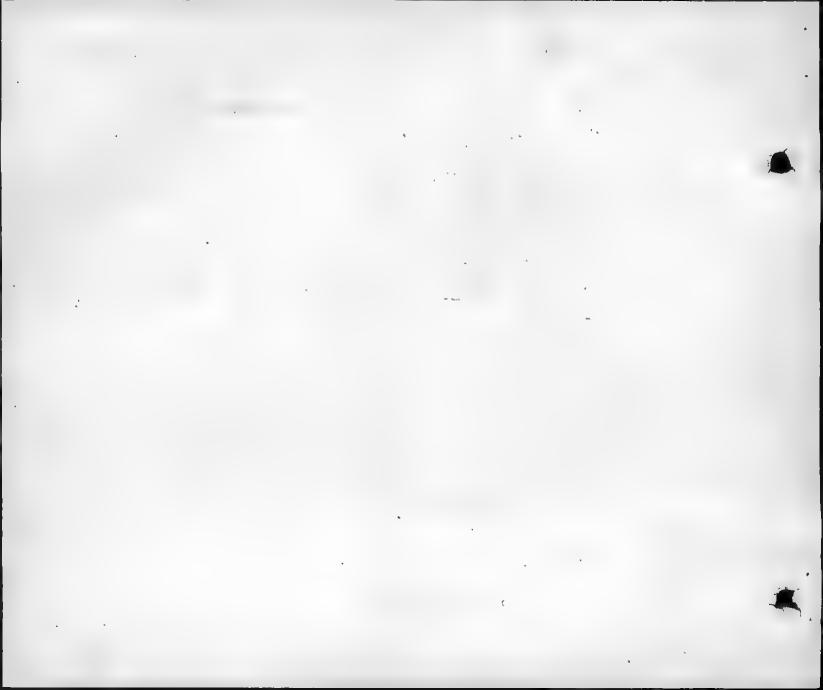
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH
M	1. PLACE OF DEATH o. COUNTY MONTGOMCRY MARYLAND 2 USUAL RESIDENCE (Where deceased lived by COUNTY before admission) o STATE b COUNTY
	b. CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) SILVER SPRING LENGTH OF STAY IN 16 WASHINGTON, D.C. H)X.
090	d. NAME OF HOSPITAL (If not in pospital, give street address) OR INSTITUTION BELPRE NUMBING HOME 1336 MISSOURI AVE. N.W
	3. NAME OF DECEASED Last 4. DATE OF DECEASED OF DECEASED SARAH APLESTEIN MARKOW ITZ DEATH 9 19 6
I)	5 SEX 6. COLOR OR RACE WIDOWED DIVORCED MRY 1, 1896 9 AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS Only O
death.	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSEWIFE 12 CITIZEN OF WHAT COUNTRY? TRENTON - NEW JERSEY USA
rs offer	FRANK L. APPLESTEIN IDA POTTS
72 hm	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT HUSBAND (15 year, give wor or dates of service) 579-14-6336-A HENRY MARKOWITZ 1336-M1550URI A-U.C
int within	18. CAUSE OF DEATH - MEnter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Metustatic CANCER INTERVAL BETWEEN ONSET AND DEATH 2 MONTH.
and in any eve	Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last. DUE TO CANCER of the BROUST 14848 [b] CANCER of the BROUST [c]
D 'Johol	PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO W
מן רפח	20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part . or Port II of item 18)
ematian	20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED Hour a. m. P. m. 19 20d INJURY OCCURRED Floatery, street, office bidg., etc.] 20e PLACE OF INJURY (Home farm 20f (City ar town) (Caunty) (State)
priar ta bunal, an	21. I certify that I attended the deceased from 9/4, 196/, ta 9/19, 196/, that I last saw the deceased alive an 9/19, 196/, and that death occurred at 7 A. M. from the causes and an the date stated above. ADDRESS (Street, city ar town, stole) DATE SIGNED ACTUAL SIGNATURE MAX G. Sheen M. M. D. 2025 E. S. Treet N. W. Wash. & C. 9/1
gistrar	PHYSICIAN'S MAKE (Type) MAX G · S HERER MJ 220. BURIAL, GREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY GREMATORY 22d. LOCATION (City Jown, or county) (Slote)
the re	BURIAL 9-21-61 KING DAVID MEMORIAL GARDEN FALLS CHURCH VA 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 240. REC'D 8Y REGISTRAR'S SIGNATURE
	B. Dangausky x Sorral-3501-14 Th. NW DATE P 22'61 Outhor & Kinns



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY m. STATE b. COUNTY * 2 년 by the b. CITY OR TOWN c. CITY OR TOWN (If outs de corporate limits, perita RURAL and giva nearest tope .⊑ filled d. NAME OF HOSPITAL OR INSTITUTION IN P. IS RESIDENCE ON A FARM? YES 🔲 NO 🔀 3. NAME OF DECEASED OF (Type or print) DEATH 19 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED and WIDOWED DIVORCED nding physician a 12. CITIZEN OF WHAT COUNTRY! Ce. make altending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) 18. CAUSE OF DEATH [Enter on y one cause INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY 10 days MMEDIATE CAUSE (a) DUE TO Tany, Which gava risa to immediate cause DUE TO (a), slating the undarlying cause last. ON GIVEN IN PART 1(8,) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Ø CERTIFICATION. PERFORMED? NO T 208, ACC DENT WAS UNDERLYING OF CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury In Part I or Part I of Item 18.) (State) 20d, INJURY OCCURRED, 20s. PLACE OF NJURY Home, farm, 2Df. (City or town, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While _Not While Hour a.m. al work at work p.m. 19.6.1 that (1) (we) last 21 I certify that (1) (this hopital) attended the deceased from. 61, and that death occurred at 32M, from the causes and on the date stated above. saw the deceased alive on A ATTEND NG PHY5. DIRECTOR PHYS. FUNERAL 22 ADDRESS director, be filed 238. BURIAL, CREMATION. 23d. LOCATION (City, town or county) REMOVAL (Spec fy) 0 25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) 15M 9/60



ARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE 10409 PLACE OF DEATH A MARYLAND . IS RESIDENCE YES NO X Middle. DECEASED (Type or print) IF UNDER 24 HRS. MARRIED NEVER MARRIED MIDOWED DIVORCED 13. FATHER'S NAME MOTHER'S MAIDEN NAME Jacob S. Miller Ann Amos 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO . 17 INFORMANT (Yas, no, or unkown) (If yas give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, Which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILD 19. WAS AUTOPSY NO IL 20a. ACCIDENT WAS JINDERLYING _____ 20b. DESCR SE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I. of Item 18)
OR CONTRIBUTING ___ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm. 20f. (City or fown) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While (Q.1., and that death occured at AM, from the causes and on the date stated above. DIRECTOR PHYS. NAME OF CEMETERY OR CREMATORY Hebron Cemetery Winchester. 25a REC'D BY REGISTRAR 25b, REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland DATE SEP 27'61 15M 9/60 arthur & Krope



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 **BALTIMORE 1, MARYLAND** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) director. Po. a. COUNTY a. STATE b. COUNTY MARYLAND L CITY OR TOWN CITY OR TOWN If outside disposete limits, write RURAL and give nearest toylin) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m ts, write RURAL and give neared town) d. NAME OF HOSP, TAL OR INSTITUTION IIF not h hospital, g ve streefeddress) a. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF Middle DECEASED OF (Type or print) DEATH AGE (In teers IF UNDER 1 YEAR IF UNDER 24 HRS. lest bribdey) Months Days Hours Min. 5. SEX 7. MARRIED NEVER MARRIED Months Days WIDOWED I DIVORCED 100 USUAL OCCUPATION (GIVE Kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during grast of working life, eves if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (Yes, no, or unkown) ; (If yas give wer or detes of service) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stelling the underlying cause lest. PART II. OTHER'S GN.F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 181 19. WAS AUTOPSY PERFORMED? 204. EXTERNAL CALSE WAS
PRIMARY ET OF CONTRIBUTING ty reck with clusteres in takent with 1200. DESCRIBE HOW INJURY OCCURED, lenter neuro of injury in Part I or Part II of Itom 18. CAUSE OF DEATH. 62 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, ferm, ' 20f. (City or town) 0 (County) (State) factory, streat, office bldg., etc.) While Not While at work at work prior 1961 forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inspection 1 and in my opinion Undetermined manner death resulted from. Natural causes Accident Suicide V Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED execute should be fo SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Streat, city, town, or county). 22d. LOCATION (City, town, or country) (State) 40 6 24a, REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

TO HOS

VR ATS (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

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-	16					- IT							子子	44	
Montgomery				MARYLAND			2. USUAL RESIDENCE (Where deceased a. STATE Md.				d lived. If institution: Residence before a b COUNTY Montgon				
	b. CITY OR TOWN (RURAL and give n AShtol	(If outside corporate limi learest town) []	ts, write		DF STAY IN 11			R TOW	N (IF oc	itside corpo	rate limits, write R	URAL ond	give ned	zrest town	}
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)			d STREE	T ADDR	ESS					e IS RESI ON A YES [FARM?
	NAME OF DECEASED (Type or print)	Robert :		rd McC	Middle arty			Last		4. DATE OF DEATH	Sept		4	,	,61
3.	SEX	6. COLOR OR RACE	7 MARR	IED X NEVE	R MARRIED] 8 D.	ATE OF BI	RTH			9. AGE (In years	\leftarrow		IF UNDE	R 24 H
	Male	White	WIDOWE	:D 🗍 (DIVORCED		Dec.	1,	188	4	19st birthdoy) 76 yrs	Months	Days	Hours	Mir
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3.	FATHER'S NAME	•				14	. MOTHE			AME		<u>'</u>			
	Dennis	McCarty						Mar	у В	lackm	ore				
	WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECU	RITY NO 17	INFOR					Add				
	no			Inknown		Mrs	• Naı	ncy	R. 1	M. The	omas, Sar	idy S	prlr	g, M	d.
		ATH [Enter only one co ATH WAS CAUSED BY- AMMEDIATE CAUSE (o		re (ar (a), (b),	and (c).)	4								ERVAL BE	
	Canditions, if a gave rise to cause (a), stating lying cause lost	the <u>under-</u> DUE TO		nge	etais.	wY	Co	erd	101	Jasca	lar Du	, 180.28		75	5
CATION	44	HER SIGNIFICANT CON		ONTRIBUTING	G TO DEATH E	BUT NO	T RELATED	TO THE	TERMIN	AAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(o) 1	PERFO	RMED?
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)														
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while p. m. 19 of work at work at work 19 of work 19										(Sto				
	21. I certify the	at (I) (this hospital	attend	led the ded	eased frai		h accur	red o	19: -136	M. Ham	the cautes ar	, 19.		ot (I) (stated	
	220 SIGNATURE	J374-	1/4			M D.		Q	ME D+F	D RECTOR [STAFF PHYS.	9	5	221	SIGN
	22c PHYSICIAN'S NAME (Type)	C. H. Ligo	on				22d. AD	ney	, Mo	i.					
230	BUR AL, CREMATIC	ON 236 DATE THEREC	F	23c NAME	OF CEMETERY	OR CR	EMATORY	1		23d LOCA	TION (City, town,	or county)		(Stote	e)

BUR AL, CREMATION REMOVAL (Specify)

256 REG STRAR'S SIGNATURE

Removal 9/6/61 24 FUNERAL DIRECTOR'S S GNATURE

Laytonsville, Md.

250. REC'D BY REGISTRAR
DATE SEP 7 '61



15M 9/55

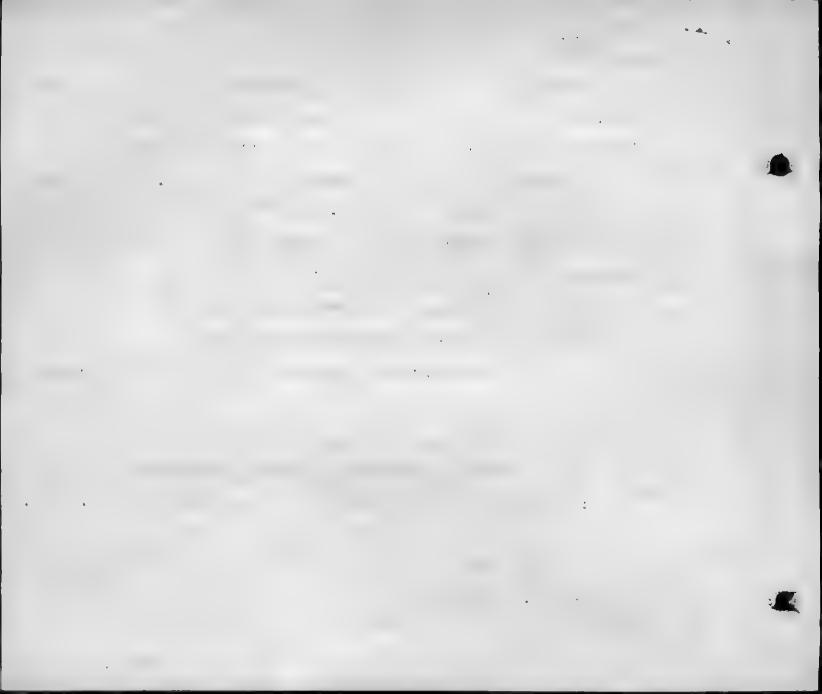
2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) MONTGOME c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES TO NO DE Day Year 196 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? 9909 CAPT VIEW INTERVAL BETWEEN ONSET AND DEATH hour PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO IT (County) (Stote) .that I last saw the deceased M, fram the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stole) (5-24b, REGISTRAR'S SIGNATURE 26 DATE a ship of thousa



AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) necessary, ector, Page e. COUNTY e. STATE b. COUNTY director. Page Montgomery

b. CITY OR TOWN (if outside corporale firm is, MARYLAND Maryland Montgomery c LENGTH OF STAY N 16 c. CITY OR TOWN (floutside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) ō Glen Echo Glen Echo d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ioneral ON A FARM? University Avenue University YES NO SE NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Clyde McDannel1 б ¥II. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. may 2 wif 78 Vrs Months Dec. 18. Male WIDOWED IC DIVORCED IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Siele or fore on country) 18. Give Pages 1, 2, form PM3. Page 5 1 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Portrait Photograph Studio Employee USA Pennsylvania pages 1 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rardetes of service) Mes Employment records Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage & laceration IMMEDIATE CAUSE (e) **DUE TO** bullet wound through skull Sudden (b) geve rise to immediate cause **DUE TO** (e), stating the underlying cause last. PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 1 1 19. WAS AUTOPSY PERFORMED? NO ST pluods 20s. EXTERNAL CAUSE WAS 20b. DESCR.8E HOW INJURY OCCURED. (Enter nature of Insury in Part I or Part I. of item 18.) PRIMARY | or CONTRIBUTING DE CAUSE OF DEATH inflicted bullet wound through skull

RY OCCURRED 200. P.ACE OF .NJLRY (Home, ferm, 2Df. (City or lown) (Coun 20c. TIME OF INJURY 2Dd. INJURY OCCURRED While fectory, street, office bldg., etc.) Not While 节号 et work Echo Home 200 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry | and in my opinion Suic'de X. death resulted from. Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER SE EXAMINER'S NAME (Type) Addi Address (Street, city, Jown, or county) 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Wattsburg, Pennsylvania Family Burial Lot 9/8/61 ₽40 ₽ Bur-Transi 23. FUNERAL DIRECTOR ADDRESS 246. REC'D 8Y REGISTRAR 1 246. REGISTRAR'S SIGNATURE Vs. A15ME Robert A. Pumphrey, Bethesda, Maryland arthur & Krue 5M 7/59



within 24 hours after



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE CLARIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) write RURAL and give neerest town) WashingtonGrove WashingtonGreve d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress; 8. STREET ADDRESS . IS RESIDENCE ON A FARM 408 Greve YES NO A NAME OF 4. DATE Middle DECEASED Washington Mesd 1961 George DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In yours) IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. 59 Male DIVORCED [10a, USUA, OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Comedition Class vorment 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah B. Marshall Edwin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes giva we rordetes of service) Viela Steut Mead. WashingtenGreve. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Failure IMMEDIATE CAUSE (a) Myscardial Infarction **BUE TO** gave rise to immediate couse DUE TO (a), steting the undarlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? NO M 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INIURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (Stata) factory, street, office bldg., etc.) White Not While Hour a.m. at work | et work p.m. saw the deceased alive on . 2 22a SIGNATURE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF Ferest Gaithersburg.

Gaithersburg.

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

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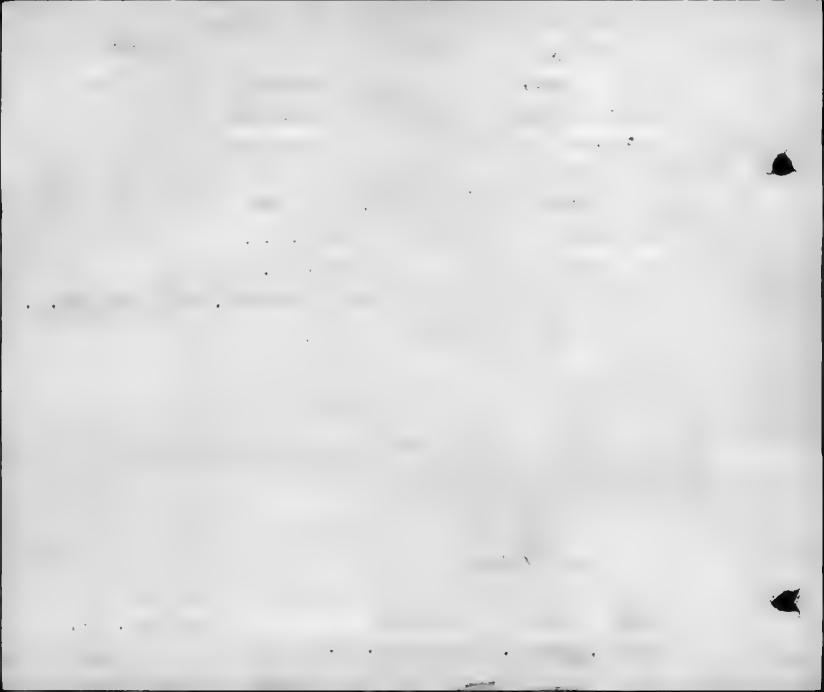
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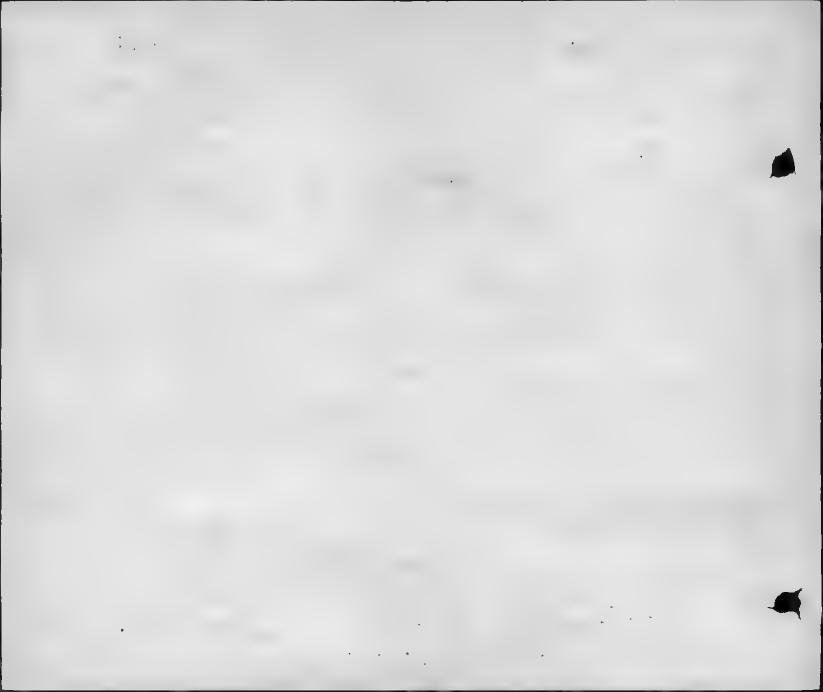
24 FUNERAL DIRECTOR'S SIGNATURE

Gartner.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	10/16 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0410
1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted avail, if institution: Residence before admission)
1	B. COUNTY M (MILLIAM PRO MARYLAND) B. STATE WAS B. COUNTY MARYLAND
M	
Н	b. CITY OR TOWN (if outside Corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 a. IS. RESIDENCE
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street Address) d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
1	4904 Dispuel Blod 17904 Suyard Blod VIST NOIX
1	J. NAME OF DECEASED And Midd a Cast 4. DATE Month Day Year
1	(Type or print) (Type or print) DEATH LULL 6 1966
	5. SEY 6. COLOR OR MACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
	Killed Carle to WIDOWED DIVORCED V 31 70 OA VIS
	10/ USUAL OCCUPATION (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
ł	the during most of working life, even if retired)
1	13 FATHES NAME 14. MOTHER'S MAIDEN NAME
1	(P. t. y A). In M. M.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT
ł	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yes, no, or unknown) [(Ifyasgivewerordalesofservice)
1	Mary ElMedel (day her) Then 2
1	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
1	immediate cause (a) Cilonary Occlusion Suddelin
1	420 · /DUE TO
1	Conditions, if any, which is b) little a seleration heart cleasure yes.
	gava rise to immediate cause
1	(a), stating the underlying causa last. (c) hube Tunter
Ì	
	PART II, OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). WAS AUTOPSY PERFORMED? PERFORMED? YES NO P 1208. EXTERNAL CAUSE WAS PRIMARY OF OF ORDITIONS TO PART I OF
	20a. EXTERNAL CAUSE WAS 120b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part 1 or Itam 18.)
	PRIMARY OF OF DEATH.
	Hour a.m. Whila Not Whila 18ctory, street, ortice bldg., etc.)
	p.m. 19 lar work at work
1	21 I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion
	death resulted from Natural causes . Accident . Suicide . Undetermined manner .
	CHIEF MEDICAL EXAMINER
1	SIGNATURE MULA SIGNAL MD ASSISTANT MED CAL EXAM NER DATE SIGNED
1	EXAMINER'S TO DEPUTY MEDICAL EXAMINER & 9-1-1-1
	NAME Type) FANK J. JSOSCAZNT Address (Street, city, town, or county)
	22a. BURJAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) State REMOVAL (Specify)
	burial 9/9/61 Gate of Heaven Cem. Montgomery Co., Maryland
	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REG STRAR'S SIGNATURE
F	The S.H. Hines Co., 2901 14th St. N.W., DASEP 7 '61 Chilar S. Khoma
1	



Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET. BALTIMORE 1. MARYLAND PLACE OF DEATE USUAL RESIDENCE (Where decessed lived, If institution, Residence before edings, on) COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director amover for NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) STREET ADDRESS IS RESIDENCE funeral ON A FARM anitarum ALTOU YES NO TO DATE 4. Month OF (Type or print) DEATH ehring aiter 26 2 JON with soft Jos 1, 2, and ... Page 5 may be ges 1 and 2 will thin 72 hours a 6 COLOR OR RACE! 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER Kast birthday) 1 Months Hours WIDOWED [10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? gone during most of working life, even if retired) Animal
13. FATHER'S NAME ages pages 1 P.M.3. 14. MOTHER'S MAIDEN NAME C VB E a 運 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with for 18. CAUSE OF DEATH |Erier only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: burial-trans IMMEDIATE CAUSE (e) Ö should be Office DUE TO Conditions, if any, which (b) gave rise to immediate couse vo r0 DUE TO (a), sleting the underlying (I) Examiner "pendi ö used ion, o couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,811 19. WAS AUTOPSY CERTIFICATION o the Chier means 1988: Page 3 should be u PERFORMED? writing the word e Chief Medical B Page 3 should be EXAMINER: This NO A de Y 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of .lem 18) 200. EXTERNAL CAUSE WAS PRIMARY O or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While at work et work forwarded to the DIRECTOR: 21 I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry and in my opinion MEDICAL agent, death resulted from: Natural causes V Accident Suicide Homicide Undetermined manner should be forward PUNERAL DIRI CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 🗔 DATE SIGNED SIGNATURE **EXAMINER'S** NAME (Type) Address (Street city, town, or county) 22. BURIAL CREMATION LEMOVAL (Specify) ₫40 ₽ FUNERAL DIRECTOR 24a REC D BY REGISTRAR I 246 REGISTRAR'S SIGNATURE VS. A15ME 5M 9 60

LAND STATE DEPARTMENT



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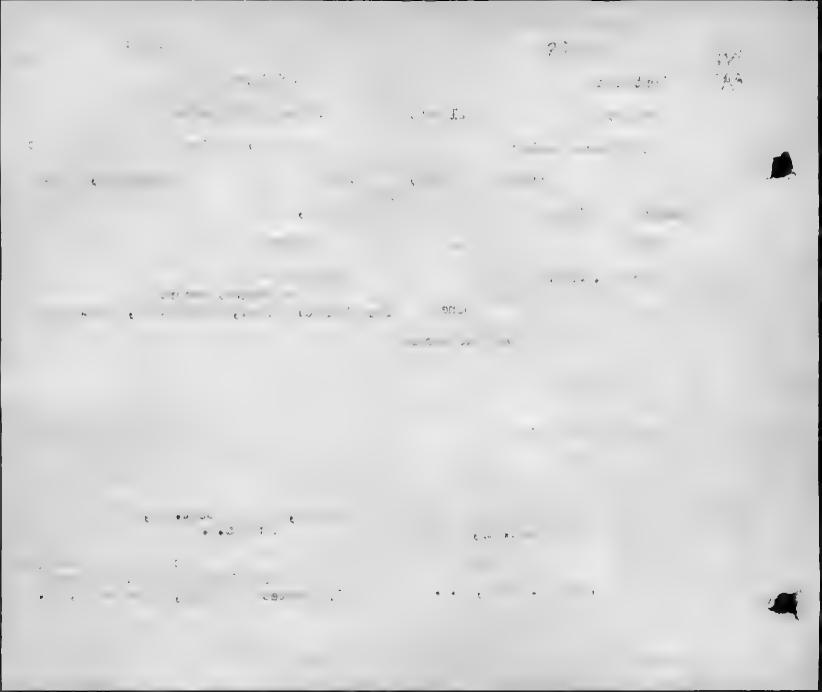
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10/12 10140

	1041~
1. PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if 'nstitution: Residence before adm ssign)
Marylai Marylai	a. STATE Oklahoma b. COUNTY
b. CITY OR TOWN if ourside corporate limits, c. LENGTH OF STAY IN	
write RURAL and give nearest town) Bothosda 21 Days	Altus Air Force Base
d. NAME OF HOSPITAL OR INSTITUTION (finot in hospita, give street address)	d, STREET ADDRESS a. IS RESIDENCE
	ON A FARM?
The Clinical Center	219 Dogwood Drive
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
[Type or pr nt] ELLEN (NONE)	MILLS DEATH September 19, 1961
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR) F UNDER 24 HRS. (ast birthday) Months Days Hours Min
Female White WDOWED DYORCED	August 17. 1958 3 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INC	DUSTRY 11. B RTHP. ACE (County & State, or foreign country) 12. C TIZEN OF WHAT COUNTRY?
Child None	Formosa USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
** • 1 *2 36•33 -	Filan Passan
Harold F. Mils 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.	Ellen Beaver
(Yas, no, or unkown) (Ifyesg vewarordaresofservice)	17. INFORMANT The Medical Record
No	The Clinical Center, Bethesda 14, Maryland
18. CÂUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac Arrest	
DUE TO	
Conditions, if any, which \ (b)	_
gave risa to immadiata causa	
(a), stating the underlying Cause last.	
Z PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 11811 19. WAS AUTOPSY
Epilepsia Partialis Continua	PERFORMED?
2Da, ACCIDENT WAS UNDERLYING I 2Db. DESCRIBE HOW INJURY OCC	CURED, (Enter nature of in ury in Part or Part of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	ONLO, (Chief handle of this by minari to ran of remition)
20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20c Hour e.m. D.m. 19 al work at work	e PLACE OF INJURY (Home, farm, '201, (City or town) (County) (State) factory, street, office bidg., etc.)
p,m, 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased fr	rom. August 29m, 19 61 Septe 19, 19 61 that (I) (we) last
	that death occured at 11:25; The causes and on the date stated above.
22a. SIGNATURE	22b. DATE
Lanca C. Kauce	M.D. PHYS. DIRECTOR PHYS. 9/20/61
22c. PHYS CIAN'S	22d ADDRESS The Clinical Center, National
JAMES C. DAVIE. M.D.	
238, BUR AL, CREMATION 236, DATE THEREOF 123c, NAME OF CEMET	Institutes of Health, Bethesda 11, Md
REMOYAL (Specify)	Calishave No. Hills also
Bun 01 22 42 17 1961	The program of the profit of
24 FUNERAL DIRECTOR'S SIGNATURE SI NAL 1 1 TI ADDRESS	25a, RECOUNT MIGHT PART 25b, REGISTRAR'S SIGNATURE
VIKCKOU IKMOICI PETK- XIGHSI, N.E.	WASTER DATE SEP 28'61 Chilling & Thomas

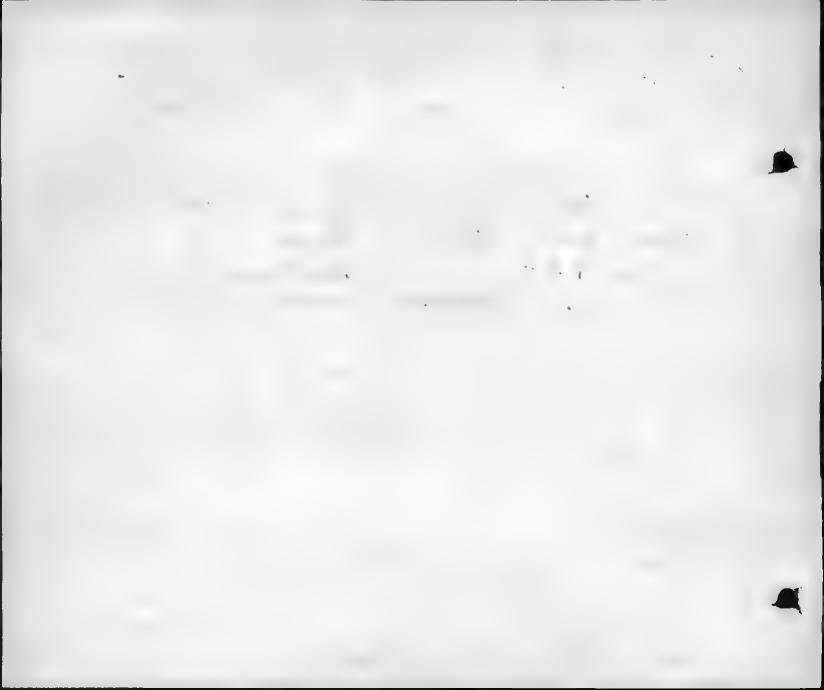


DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND 10419 CERTIFICATE OF DEATH fuheral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Rasidance before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporate a mits, MARYLAND Maryland Maryland Montgomery C IY OR TOWN (If outside corporate limits, write RURAL and give needs) town) c LENGTH OF STAY IN 16 write RURAL and give neerest town) .⊆ - 6 Bethesda Bethesda Pages urs afte 8 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. SYREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X 9506 Ewing 9506 Ewing 3. NAME OF DATE ded DECEASED OF (Typa or print) DEATH Bertrand Moffett Sept. 20 19 61 5, SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 19. AGE (In yours IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) | Months | Male WIDOWED DIVORCED 10a. JSUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR NDJSTRY, 11. BIRTHPLACE County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? physicia done during most of working life, even if retired) Real Estate & Ins. Real Washington. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ⊆ attending | Then please and Lee Moffett Alma Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.; 17 Then (Yes, no, or unkown) (Ifyesg'vewarordetesofservice) Unknown 5800 BEECH 0 18. CAUSE OF DEATH (Enter on y one of we per line for (e), (b), end (c)] INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BABLE MESENTERIC EMBOLISM HOURS signed IMMEDIATE CAUSE (a) DUE TO OCHRONIC ATRIAL FIBRILLATION SEVERAL YEAR DUE TO (a), stating the underlying OF AORTA MYOCARWAL "COAKCTATION causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTIONS CONTRIBUTING TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTIONS C 0 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO asn prior 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter parties of injury in Part I or Part II of item IB. (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) (Stote) Month, Day, Year (County. fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. may be retain DIRECTOR: 2-0, 19.61, that (I) (a) last 21. I certify that (I) (this hospital) allended the deceased from VLITE 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS, PHYS. 22c. PHYSICIAN'S 22d. Pa NAME (Type) 23b DATE THEREOF 234 NAME OF GEMETERY OR CREMATORY 23d, LOCATION (Lity, town or county) 23a, BURIAL, CREMATION. REMOVAL (Specify) 통료 0 Rockville Marylan
250. REC'D BY REGISTRAR'S SIGNATURE Burial Parklawn 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) SEP 2 5 '61 arthur & Kraus 15M 9/60 Robert A. Pumphrey, Bethesda, Maryland DATE

the

ARYLAND STATE DEPARTMENT OF HEALTH

• + T - K , b 7 A PART OF THE PART > F X . F A e de MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEATIN DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before editission) a. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (if outside of porale lim ts, write RURAL and give needest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? meanther Bling_ YES NO TO DEC SED OMINIQUE MULTRIER

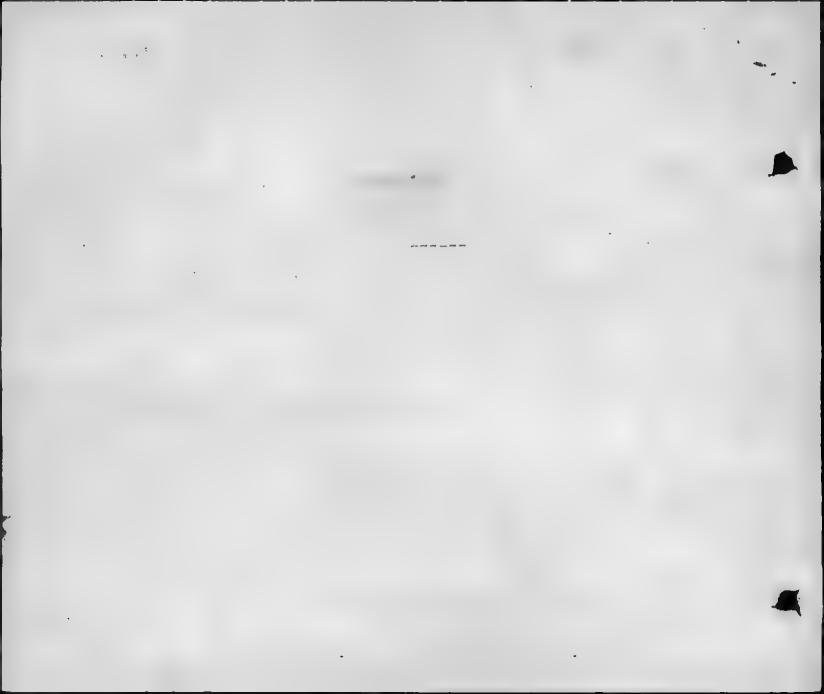
5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In the State of State DIVORCED VIDOWED DIVORCED 1/-28-34 2/ yis.

10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) WIDOWED 1 12. C TIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Student France France 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michel Multrier Genevieve Chirolles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) | (Hyesgive war or detas of service) No | 578-54-6443 French Embassy, Washington, D. C. Cause of DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH IMMEDIATE CAUSE (a)_ DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAT DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 3 writing the word e Chief Medical I Page 3 should be to burial, crema YES NO W 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert it of Item 18.) PRIMARY DE OF CONTRIBUTING IT CALSE OF DEATH.

20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20o. PLACE OF INJURY (Home, form, 20t. (City or town) (County) While Not While at work at work factory, street, office bldg., etc.) 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry O and in my opinion forwarded to DIRECTO death resulted from: Natural causes , Accident , Suicide XI, Homicide . Undetermined manner CHIEF MEDICAL EXAMINER should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER FLANK J. BAUSCHOWY Address (Streat, city, town, or county)

N. 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country, 22a, BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL (Specify) Rouen Seine Martine, France Rouan Cemetery 940 g Bur-Trans 23. FUNERAL DIRECTOR **ADDRESS** 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ROBLAL A. PLMITHRLY Bethesda, Md. VS, A1SME arthur & Header 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10422 CERTIFICATE OF DEATH					
1. PLACE OF DEATH			here deceased lived. If instit		
Montgomery	MARYLAND	d. STATE Mory Lat	d Maine COUN	^{ty} Montgonepy/.	
b CTTY OR TOWN (If outside corporate fimits w RURAL and give nearest town)	vrite c LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)	
Olney	3 years	Ø.	May Princet	on	
d. NAME OF HOSPITAL (If not in hospital, give: OR INSTITUT ON	street address)	d. STREET ADDRESS	- 6	e. IS RESIDENCE ON A FARM?	
Sharon_Conv. Home		School	Street	YES NO	
3. NAME OF First DECEASED (Type or print) JOSADA	ine P. Murphy	Last	4. DATE MOF SED	tonth Day Year 1961	
		DATE OF BIRTH	9 AGE (In yea	TE UNDER TYEAR IF UNDER 24 HR	
	DOWED TO DIVORCED	1/28/02	last birthday	Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slole	or foreign country)	12. CITIZEN OF WHAT COUNTR	
during most of working life, even if retired) Housewife	Home	Mad	ine	USA	
13. FATHER'S NAME		14 MOTHER'S MAIDEN I	NAME		
MAKMORN Joseph M. P	orter	HARR	XXXXX Carrie	Dow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no. or unknown) (If yes, give wor or doles of service	7 16 SOCIAL SECURITY NO. 17. INP	ORMANT		ddress	
		rs. Robert W	alker Washi	ngton, D. C.	
18. CAUSE OF DEATH [Enter only one couse	per line for (a), (b), and (c).]	1		INTERVALBAETWEEN	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	tel Lankars	pollow	L	ME.	
Jak 5 = (IDUE TO	0.4-19	-An :4.	1.00	NVC	
Conditions, if any, which gove rise to immediate (b)	11 romasora	arran	is actorno	ms /13	
cause (o), stating the under-			\		
Z PART II OTHER S GNIFICANT CONDITION	ONS CONTRIBUTIONS TO BEATH BUT N	OT PELATED TO THE TERM	INIAL DISEASE CONDITION (ENVEN IN PART LOUIS WAS AUTOPS	
[8]	1x I Rolams	KIS THE TEXA	INAL DISEASE CONDITION C	PERFORMED? YES NO	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of item 18)		
	for a be	E OF INJURY (Home, farm ry, street, office bldg., etc	p. 20f (City or town)	(County) (Stat	
∑ pm 19 d	While Not while to the of work of work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21 certify that (I) (this hospital) a	frended the deceased fram		5 10 1	, 19_la_ that (I) (we) to	
saw the deceased alive an	3 196 , and that de	ath accurred a PC	M, from the causes	and on the date stated above	
22a SIGNATURE	0	ATTENDING	ED STAFF	C C SIGNE	
22c PHYSICIAN S	M	D PHYS D	IRECTOR PHYS	7 3 6	
NAME (Type) C. H. Ligo	on	Olney	, Md.		
230 BUR A., CREMATION, 23b DATE THEREOF REMOVAL (Specify) 9-8-61	232 NAME OF CEMETERY OR Princeton	CREMATORY	23d. LOCATION (City town		
24 FMNERAL DIRECTOR'S S GNATURE	ADDRESS	25n pcc	1	GISTRAR'S SIGNATURE	
France 2. Barbe				What S. Kraus	
7,00-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	Laytonsville,	NO DAILS C		correct A. I conte	



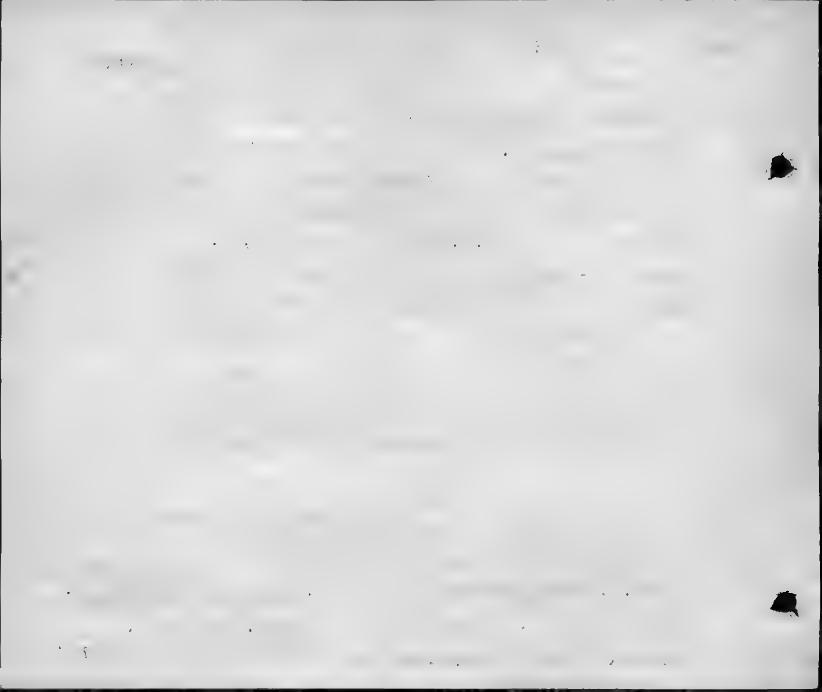
VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

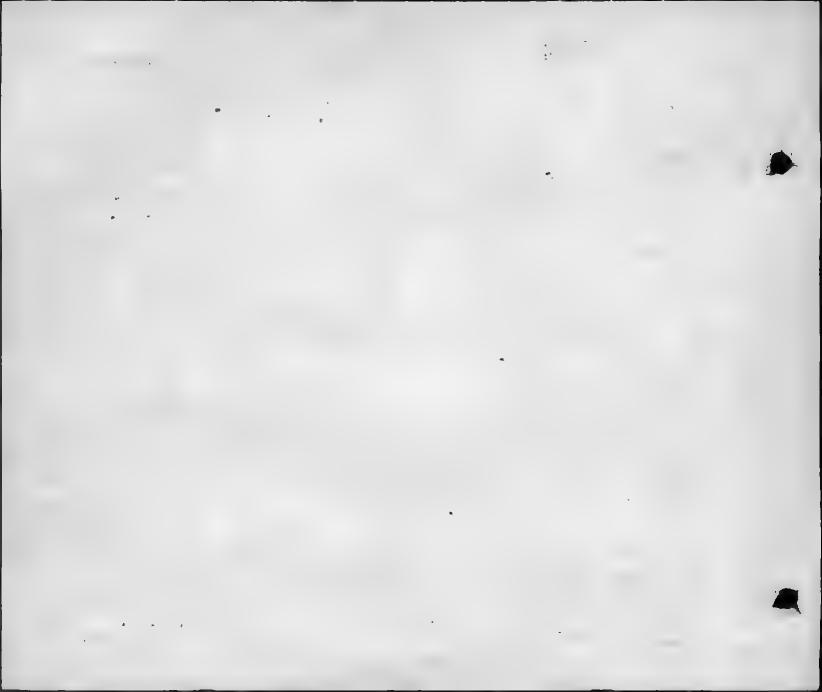
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10/92 CERTIFICATE OF DEATH

1082 3	CERTIFICATE	OI PLAIN		
PLACE OF DEATH		2. USUAL RESIDENCE (Where d	eceased lived, If institute to	stenze before admission)
Montgomery	MARYLAND	* STATE VIRGINIA	b. COUNTY	- Contract
b. CITY OR TOWN (if outside corporate limits,	E. LENGTH OF STAY IN 16	c. CITY OR TOWN ,If outside corp	porate limits, write RURAL and	give nearest town)
write RURAL and give nearest town: Bethesda (Rural)	1 day	Alexandra		×
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, g.ve street address)	d. STREET ADDRESS		a. IS RESIDENCE
USNH NNMC BETHESDA, MD.		RT 5 Windsor Est	cates	YES NO A
3. NAME OF First	Middle	Last 4, DATE	Month	Day Year
(Type or print) Abner	Franklin	NELSON OF DEATH	SEPTEMBER	3 1961
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 1 B	DATE OF 8.RTH	AGE (in years IF UNDER TY	
Male Caucasian willow	-	anuary 1, 1889	last birthday) Months Di	eys Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b.		11. BIRTHPLACE ,County & State, or	foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
MACHINIST (Maching life, even if retiral)	J. S. NAVY	KANSAS CITY, M). U	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Frederick -N- NELSON		Agusta -N- SWI	ENSTON	
	SOCIAL SECUR TY NO 17 IN	IFORMANT	Address	
YES (Ifyesgivewarordatesofservice)	577 16 8822 He	len NELSON Same as	s #2	
18. CAUSE OF DEATH [Enter only one cause per	,,		*4	INTERVAL BETWEEN
DART I DEATH WAS CALISED BY.		along clasate		ONSET AND DEATH
1 4-1-1	7	J. J.		
Conditions, if any, which	Te One	The board feel	1	1 1
gava risa to immediate cause	and the same of th	in journey		
(a), stating the underlying DUE TO	Till and the File	rosis 4 month.		Means
Z PART II. OTHER SIGNIFICANT CONDITIONS CO	T 1 5 ST LET LET LET LET LET		CONDITION GIVEN IN PART	Ital 19 WAS AUTOPSY
위 · · · · · · · · · · · · · · · · · · ·	. 0	-		PERFORMED?
2 200. ACCIDENT WAS UNDERLYING 1 20b DE				115 54 10 []
OR CONTRIBUTING CAUSE OF DEATH	Series IV A MOSCI OCCUR.	12 1 40 1 2 2 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	, ,	
91	E-A-	F OF INJURY (Home, farm, 20f., Citry, street, office bldg., etc.)	y or town) (Coun	ly) (State)
Hour a.m. Whi	le Not While recto			
21. I certify that (K (this hospital) atter	nded the deceased from S	EPTEMBER 2, 19 81 16	SEPTEMBER 3 196	1, that (X) (we) last
saw the deceased alive orSEPTEMBEI				
22a. SIGNATURE		ATTENDING MED.	STAFF	22b. OATE SIGNED
Jas. H. Eurelen	M (PHYS. X SEPTE	MBER 3, 1961
22c. Pyyrsician s		22d. ADDRESS	D+m11	1 100
COS TYPH. EUSTERMAN LT	MC USN	U. S. NAVAL HOS	PITAL, BETHESD	A, MD.
23a BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O		ATION (City, lown or county)	(State)
BURIAL 7 SEPT. 196	1 ARLINGTON NAT:	CONAL CEMETERY AR	2 "	
24 FUNERAL DIRECTOR'S SKINATURE	-entoblished	25e. REC'D BY REGIS	STRAR 256. REGISTRAR'S SI	
Wallery. Hall	Helandona Vi	2DATE		



STREET, BALTIMORE 1, MARYLAND MESIDENCE Where deceased lived, If b. COUNTY MARYLAND and ONTOWN (if outside comporeje c LENGTH OF STAY IN IN TOWN if outside corporate limits, wate RURAL and give nearest town) ٤ e. IS RESIDENCE ON A FARM? YES NO Z NAME OF DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR O'R RAC IF UNDER 1 YEAR IF UNDER 24 HRS Deys WIDOWED [DIVORCED [10s. USDAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? State or foreign country) U.S.A. TATHER MAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) | (If yes give wer ar detes of service 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gove rise to immediate couse. DUE TO (e), stating the underlying PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY PERFORMED? NO 206. ACCIDENT WAS UNDERLYING 7 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part Lor Pert Lof Item 18)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, farm, 20f. (City or fown)
While Net While factory, street, office bldg., etc.) (County) (State) Net While et work et work 4. 2 21. I certify that (I) (this hospital) attended the deceased from. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, be filled 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, | 236 DATE THEREOF REMOVAL (Specify) Valhalla, N. Kensico Cemetery 0 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & Kraus 15M 9/60



TO BY STITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{\pi} \otin \text{deat} \text{359 4 may be retained by the hospital or attending physician.}

\[
\begin{align*}
\text{For the RRAL DIRECTOR:}
\text{After this certificate has been signed by the attending \text{Ihymician and compactly tilled in by the funeral of the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10425

MARYLAND STATE DEPARTMENT OF HEALTH

CEI	RTIFIC	ATE C	OF D	EATH

10419

MONTE CENTER SUBJECT COUNTY b. CITY OR IGNATED Expression like it. c. LENGTH OF STAY N IB Bethesda d. NAME OF HOSPITA. OR INSTITUTION (I not a hospital, give stress dedus) The Clinical Center, Bethesda II, Ma. JAMES OF HOSPITA. OR INSTITUTION (I not a hospital, give stress dedus) The Clinical Center, Bethesda II, Ma. JAMES OF OR HOSPITA. OR INSTITUTION (I not a hospital, give stress dedus) The Clinical Center, Bethesda II, Ma. JAMES OF DECERATION Roland	J	a. COJNTY	8. STATE . b. COUNTY	17
Bethesda A. RAME OF HOSTIAL OR INSTITUTION IP not in horizon. Average address The Glinical Genter, Bethesda 14, Md. A. RAME OF HOSTIAL OR INSTITUTION IP not in horizon. Average address The Glinical Genter, Bethesda 14, Md. A. RAME OF HOSTIAL OR INSTITUTION IP not in horizon. Average address The Glinical Genter, Bethesda 14, Md. A. RAME OF HOSTIAL OR INSTITUTION IP not in horizon. Average address The Glinical Genter, Bethesda 14, Md. A. RAME OF BETT IN HORIZON	1		Michigan	
Bethesda d. NAME OF HOSSITAL OR INSTITUTION to not a hospital, and more address The Clinical Genter, Bethesda 14, Nd. 5. NAME OF STREET ADDRESS The Clinical Genter, Bethesda 14, Nd. 5. NAME OF STREET ADDRESS The Clinical Genter, Bethesda 14, Nd. 5. NAME OF STREET ADDRESS The Clinical Genter, Bethesda 14, Nd. 5. NAME OF STREET ADDRESS The Clinical Genter, Bethesda 14, Nd. 5. NAME OF STREET ADDRESS The Clinical Genter, Bethesda 14, Nd. 5. NAME OF STREET ADDRESS The Clinical Genter, Bethesda 14, Nd. 5. NAME OF STREET SEPTEMBER 5 19 61 7. AGE 18 years IT UNDER 24 HES. 160. USLALO OCCUPATION (Sign in display and in June 10 to 10	I	b. C.TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N to		_
The Clinical Genter, Bethesda 14, Md. 15277 Liberal Avenue 1527 Agithy avenue 15277 Liberal Avenue 1527 Agithy avenue 1527 Agithy avenue 1527 Agithy avenue 1528 Agithy Avenue 1538	1	Bothesda 110 days	Detroit	
The Clinical Genter, Bethesda 14, Md. Nitchie Dare	1		d STREET ADDRESS I IS RES DENCE	
A. DATE	4		ON A FARM?	_
Death Roland Pmil Nitchie Death September 5 19 61	1			
S. SEX 6. COLON DE RACE, 7, MARRIED NEVER MARRIED 10. DATE OF SIRTH 2 AGE dry years it -NOBER YEAR IF UNDER 24 HRS.				
Male White Who will be who will be who will be who will be wil	1	(Type or print) Roland Emil		
Male White Who will be who will be who will be who will be wil	4	5. SEX 6. COLOR OR RACE, 7. MARRIED TO NEVER MARRIED TO E		
JUST OF CONTROLLED CON	1			
Military 13. Father's Name Emil Mitchie In Condition, In Condition of the Interval Report American State (a), bland (a). PART I Dath WAS CAUSED BY: (b) Arteriosclerotic Cardiovascular disease [a), sisting the underlying cause line. Emil Mitchie Due To Condition, II say, which (b) Arteriosclerotic Cardiovascular disease [c) Arteriosclerotic Cardiovascular disease [a), sisting the underlying cause line. Part II of Her II of Part II o				Y?
Id. Mother's Maiden Name Emil Nitchie E. WAS DECEASED FURE IN U.S. ARMED FORCEST 16 SOC, AL SECURITY NO 17. INFORMEANTHE Medical Recorders (Yes, no or unlown) Illifyeggyawarordshapfurroreo) Yes 18. CRUSE OF DEATH [inter only one cause per line for a], (b) and (c). PART I. DEATH WAS CAUSED BY. (S) Arteriosclerotic Cardiovascular disease (S) PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF. CANT CONDITIONS 200. ACCIONAT WAS UNDIGHT AND THE TOP TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF. CANT CONDITIONS 200. ACCIONAT WAS UNDIGHT AND THE TOP THE TOP THE TERMINA. D SEASE CONDITION GIVEN IN PART 160 PART II. OTHER SIGNIF CANT CONDITIONS 200. TIME OF INJUSY MODELS AND THE TOP TOP THE TOP	ı	done during most of working life, even if ratired)		
Emil Nitchie 15. Was deceased even in U.S. and process 16 socal security no 17. Informan The Medical Recorders (Ne., no or unlown) live governor date of services 19. May be a considered services 19. May be a considered services 19. Leave of Death (State only one cause per line for a), (b) and (c). Part I. Death Was Cause by: Conditions, if any, which gave rise to immediate cause 10. It is in the underlying of the To (b) Part II. Other significant conditions contributing to death but not related to the termina. Defease condition given in Part 16: 19. Was Cause of the model of the cause line. Part II. Other significant conditions contributing to death but not related to the termina. Defease condition given in Part 16: 19. Was Cause of the model of the cause line. Part II. Other significant conditions contributing to death but not related to the termina. Defease condition given in Part 16: 19. Was Cause of the model of the cause of non-fine termina. Defease condition given in Part 16: 19. Was Cause of the model of the cause of non-fine termina. Defease condition given in Part 16: 19. Was Cause of the model of the cause of non-fine termina. Defease condition given in Part 16: 19. Was Cause of the model of the deceased from the cause of non-fine files by the model of the deceased from the cause of the model. 20. Contributing Cause of Death work of the model of the deceased from the cause of the model of the deceased from the cause of the date stated above. 21. Cortify that (i) (this hospital) altended the deceased from April 18. Part 1901, that (i) (we) last saw the deceased alive on September 5 19. Cl., and that death occurred all the model of the cause and on the date stated above. 22. Physician's Cause of Lealth, Between 19. State of Cause of	1		· ·	
The control of the	ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
The Clinical Center, Bethesda 11, Maryland State	1	Emil Nitchie	Lillian Doubt	
The Clinical Center, Bethesda 11, Maryland State	i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC, AL SECURITY NO 17.	INFORMANThe Medical Recordes	
B. CRUSE OF DEATH Early one cause per line for a], (b) and (c), PART I. DEATH WAS CAUSE (a) Gerebrovascular accident Conditions, if any, which cause looks (a) DUE TO	1			
PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a)				3
DUE TO Conditions, if any, which gave rise to immediate cause [a], stelling the underlying cause also. PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART Her 19. WAS AUTORSY PROPERTY OF THE PROPERTY OF THE PERFORMENT OF THE PROPERTY OF THE PROPERTY OF THE PERFORMENT OF THE PROPERTY OF THE		DARTE BEATH WAS CAUSED ON	ONSET AND DEATH	
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gave rise to immadiate cause [a], stating the underlying [c]. PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIF. PA	Ì			
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PSOTIATIC Arthritis PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Part for Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH Fellow in item 18 OR CONTRIBUTION CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER) 20a. TIME OF INJURY Month, Day, Year 20d INJURY OCCURED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) Phour a.m.		(e)	A W WALLEST AND A STATE OF THE	_
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Hour a.m.		PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	-
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20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Hour a.m.	1	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	(Enter natura of injury in Part I or Part II of Item 18.)	
21. I certify that (I) (this hospital) attended the deceased from April 18 1901, to September 51901, that (I) (we) last saw the deceased alive on September 5 19 61, and that death occured at 1. After the causes and on the date stated above. 22a SIGNATURE ATTENDING MED STAFF PHYS. C. 9-5-61 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 11, Md	7.	F IF EITHER, NOTIFY MEDICAL EXAMINER)		
21. I certify that (I) (this hospital) attended the deceased from April 18 1901, to September 51901, that (I) (we) last saw the deceased alive on September 5 19 61, and that death occured at 1. After the causes and on the date stated above. 22a SIGNATURE ATTENDING MED STAFF PHYS. C. 9-5-61 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 11, Md	Ì	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA	A CE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata)	
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saw the deceased alive on September 5 19.61., and that death occured at the form the causes and on the date stated above. 22a SIGNATURE			Annil 18 61 Contombon 5 61	_
22a SIGNATURE 22c. PHYSICIAN'S NAME (Typa) David V. Kimberg M.D. 23a. BURIAL, CREMATION. 23b DATE THEREOF PHYS. 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION. 23b DATE THEREOF PHYS. 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION. 23b DATE THEREOF PHYS. 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION. 23b DATE THEREOF PHYS. 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION. 23b DATE THEREOF PHYS. 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION. 23b DATE THEREOF PHYS. 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION. 23b DATE THEREOF PHYS. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown or county) (Slate) 24 BUNGRAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE		21. I certify that (I) (this hospital) attended the deceased from.		
ATTENDING MED DIRECTOR PHYS. X 9-5-61 SIGNED DIRECTOR PHYS. X		saw the deceased alive on September 5 19.01., and that	death occured at the thom the causes and on the date stated above	/B.
22c. PHYSICIAN'S NAME (Typa) David V. Kimberg M.D. 22d. ADDRESS The Clinical Center, National Institutes of Health, Bethesda II., Md. 23a. DURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY DIRECTOR DIRECTOR DIRECTOR PHYS. 22d. ADDRESS The Clinical Center, National Institutes of Health, Bethesda II., Md. 23a. DURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY DIRECTOR DIRECTOR DIRECTOR SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE		22a SIGNOTURE		
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David V. Kimberg M.D. Institutes of Health, Bethesda II. Md. 23a, DURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown of county) State 1961 1		Internal Control of the Control of t		
238. DURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town of county) (State)	Ì	NAME (Typa) David V. Kimberg M.D.		
SUR (Specify) 9 5-27. 1961 24 BUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE				
24 BUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	ı	REMOVAL (Spacify)) a :- M:	
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NINALDI TUNERAL HOME INC. 816 H. J. N. E DE DOATE SEP 1 '61 CIVILIN S. KIRANA		24 GUNERAL DIRECTOR'S SIGNATURE ADDRESS		
		KINALDI TUNERAL HOME INC. 816 HJ. N.E	M 2 DATE SEP 1 61 Chilmy & Knows	



1	MARYLAND STATE DEPARTMENT OF HEALTH
7	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10426 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALIR DEPT.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY a. STATE
or, Pagnir files,	MONTGOMERY b. CITY OR TOWN (f outside corporate limits, write RURAL and give neerest town) MARYLAND MARYLAND MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (Voutside corporate limits, write RURAL and give neerest town)
al director for your Board of	d NAME OF HOSPITAL OR INSTITUTION, IT FOR IT HOSPITAL, GIVE STREET ADDRESS ON A FARM? ON A FARM?
del e funer e sained saith.	Washington Sanitarium'd Hospital 4306 Ferrara Dive YES NO NO No North Day Year No No Deceased Trirst Right Middle Spital 4306 Ferrara Month Day Year
13 to m 13 to m with the s after o	(Type or print) CEAN ChRISTINE NITOWITZ DEATH 9 36 196/ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last b.rthday) Months Days Hours Min.
after d 1, 2, and 3e 5 ma and 2 v	WIDOWED DIVORCED 7-8-27 34 yrs. 10a. USJAL OCCUPATION (G.ve kind of work done during most of working life, avan if retired) 10b. KND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (State or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
4 hours	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
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n Item 1 g with it permin	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY, 4 5 (4.4.3.2) 1 5 11 1 C 2 4 3 6 Persana DR. ONSET AND DEATH ONSET AND DEATH
f be exerciple of the second in the second i	MAMERIATE CAUSE (8) LIFE TO A CATA TO THE TOTAL SUPPLEMENTAL SUPPLEMENT SUPPLEMENTAL SUPPLEMENTAL SUPPLEMENTAL SUPPLEMENTAL SUPPLEMENTA
should ng" in t r's Offi s a buri remove	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO
"pendi" xamine used a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
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g the v f Medi f Medi shoul	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING COLORED, [Enter nature of injury in Part I or Part II of I tem 18] CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part I or Part II of I tem 18] Therem from cau - Cutto accured.
Na September 1	20c. TIME OF INJURY Month, Day, Year 20d. NJURYOCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. [C ty or lown) (County) (State)
EXA. wate, who the DR: Pa	21 I certify that I took charge of the remains described above, held an Autorsy , Inspection , Inquiry , and in my opinion
CAL Sertific ded to ECTO pent, p	death resulted from Natural causes, Accident, Suicide, Homicide, Undetermined manner
Manuta the forward forward afed a	ACTUAL SIGNATURE - PACE J. Brownhast MD ASS STANT MEDICAL EXAM NER D DATE SIGNED
e executed be INERA design	EXAMINER'S NAME (Typa) FL + WK J. BLOSC h2 ht ANY-OSS (Stread city, fown or country) 1226 BURIAN, CREMATION, 22b. Date THERIOF 1226, MAME OF CEMETERY OR CREMATION 1226. LOCATION (City, 10MP, or country) 1226. LOCATION (City, 10MP, or country) 1226. LOCATION (City, 10MP, or country)
please 4 should TO FUN	SEMOVAL ISBERION 20. Date HEROD 120. MATL MEM. FALLS CHURCH, UTA. 24 FINERAL DIRECTOR ADDRESS 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME	ADURCOS ADURCOS 248, RECUSTRAR 3 SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

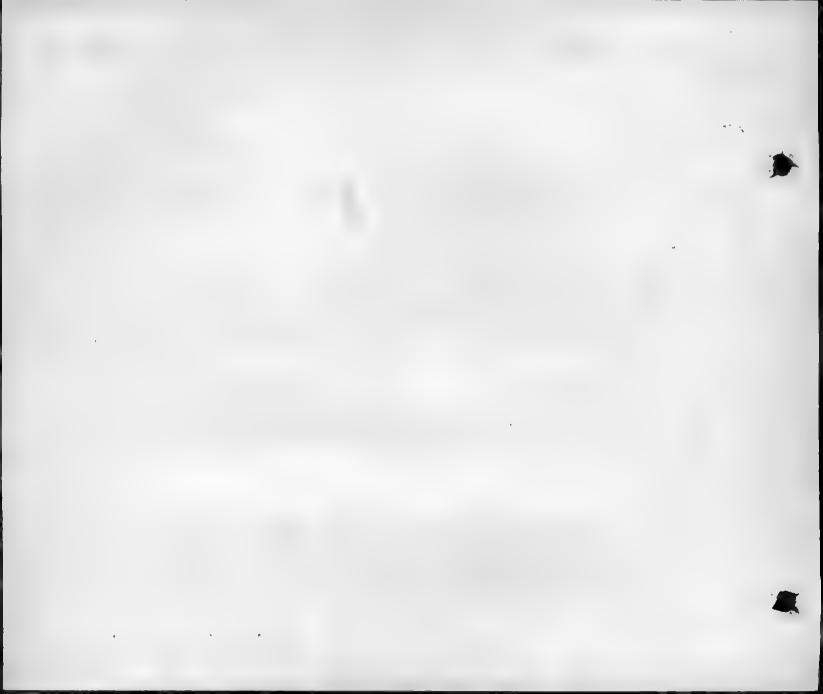
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10427 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Montgomery b CITY OR TOWN (If outside corporate lights write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown RURAL and give nearest town) Park wasbington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 130x 3/06 YES I NO IR Luckhing Ten Santanium and NAME OF DATE Month Year DECEASED GFFTER DING DEATH (Type or print) 1961 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED T NEVER MARRIED B. DATE OF Months M WIDOWED K DIVORCED 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Real ESTate 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME IJCE 16. SOCIAL SECURITY NO. 17 INFORMANT Address INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying cause ast PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II offutem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Doy, Year 20d INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour g. m. While Not while of work of work Ď. m. 21. 1 certify that (1) (this haspital) attended the deceased fram. Se. 2. 19.61, that (!) (we) last and that death accurred a 7.35 M. from the causes and an the date stated above. saw the deceased alive an____ 220 SIGNATURE SIGNED ATTENDING MED DIRECTOR M.D 22d. ADDRESS 22c PHYS CIAN'S NAME (Type) 600 23b DATE THEREOF 23d LOCATION (City, town, or county) 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Cem.

250. REC'D BY REGISTRAR DATE SEP 2 1 '61

256 REGISTRAR'S SIGNATURE

VR A15 (4)



OF STATISTICAL RESEARCH REET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution, Residen e. COUNTY MARYLAND write RURAL and give neerest town) b. CITY OR TOWN (f aytside corporate limits LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town in by 72 hours after Pages Filled HOSPITAL OR INSTITUTION (if not in hospital, give greget address) ON A FARM? YES TO NO [NAME OF DECEASED OF DEATH (Type or print) 19 AGE (In Veers IF UNDER 24 HRS. IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED and last birthday) Months Hours WIDOWED" attending physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SSIA HOUSE WIFE 13. FATHER'S NAME please and 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewererdetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO DRARDIAL TAILURE Conditions, if env. which (b) gove rise to immediate cause DUE TO (e), steting the underlying ERIOGCHEROTIC CARDINASC DISEASE ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6)1 19, WAS AUTOPSY PERFORMED? NONE NO B 200 ACCIDENT WAS UNDERLYING . I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this etached 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f., (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. DIRECTOR: 21. I certify that (I) (this hospital) arended the deceased from MAY, and that death occured at from the causes and on the date stated above. saw the deceased alive on. .. 226. DATE 22ª SIGNAYURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 23e, BURIAL, EREMATION, | 23b DUYIA (Specify) 0 EUNERAL-DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE YR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE [Where decassed I vad, if institt a. COUNTY MARYLAND b. CITY OR TOWN (If puts da corporate Vi simits, write RLRAL and g ve nearest town) d. NAME OF HOSP TAL OR INSTITUT ON (if not in hospital . IS RESIDENCE ON A FARM? YES NO Grandin 3. NAME OF Middle DECEASED QF (Typa or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH A MARRIED & LNEVER MARRIED lest birthday) Months, Days tma. IDa LSUAL OCCUPATION Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if rel red) 13 FATHER F NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? Address INFORMANT (Yes, no, or unkown) 18. CAUSE OF DEATH [Enter on y one cause per 106 for (a), (b,, and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: BAIT HERE IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiate cause DUF TO (a), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA DISEASE CONDITION G YEN IN PART WAS AUTOPSY PERFORMED? W6NE NO S 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, IEnter nature of in any in Part II or Part II of Item 18 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 (County) (Stata) Month, Day, Year factory, straet, office bldg., atc.) Not While While Hour a.m. el work at work p.m. 1955 to SEPT. 24, 1961, that (1) (WE) last 21. I certify that (1) (this bespital) attended the deceased from TAN ... and that death occured at I...M. from the causes and on the date stated above 22b. DATE 22a. SIGNATURE ATTENDING SIGNED MARTY PHYS DIRECTOR MD BAY CIAN'S 22c. 22d, ADDRES NAME (Type) 23d. LOCATION (City, town op county) 236. BUR AL, CREMATION, 236 DATE THEREOF (Stata) 130 NAME OF CEMETERY OR CREMATORY Burial (Spacify) Marvland 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey. Bethesda, Maryland DATE SEP 21 arthur & Tiraus

funeral filled carbon and DIRECTOR: ∇ FUNERAL 0 = 2 VR A15 (4)

15M 9/60



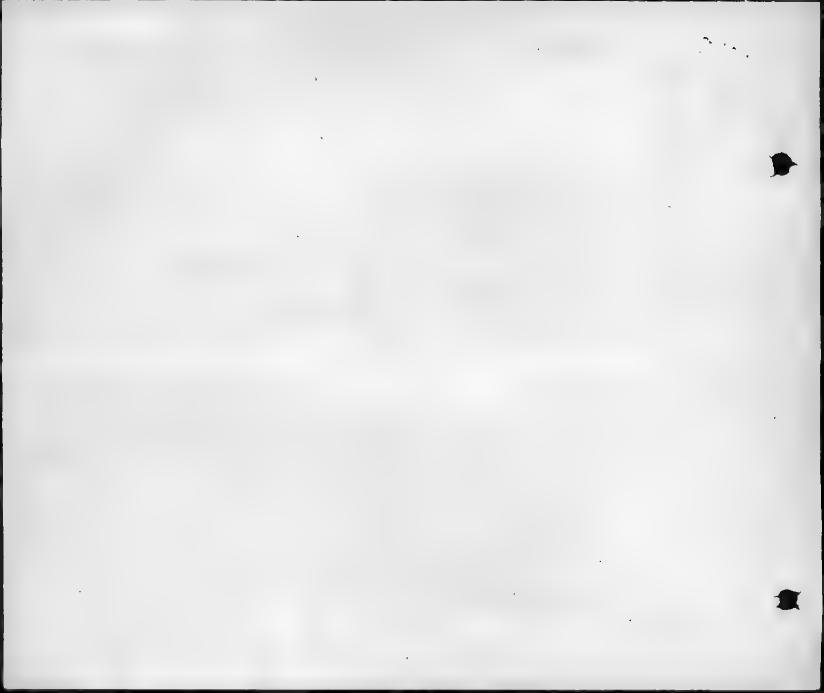
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	LACE OF DEATH			2. US	UAL RESIDENCE	E (Where decease	sed lived. If institu		e befare admis	ian)
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E	CITY OR TOWN (I	Jautside corporate limits wri	te c LENGTH OF STAY IN 16				porate limits, write			
	RORAL and give ne	1	5yrs.	1 K	Oc. Kuil	1/-	1	79		
,	. NAME OF HOSPIT	AL (If not in hospital, give str	eet address)		STREET ADDRE	SS		7	e. IS RES	IDENCE
1	-gr institution	inal Man	e alan	80.	5 Read	Lina 1	100	/		FARM?
3. 1	NAME OF	First	Middle	11.0	Last	A. DATE	Mo	inth	Day	Year
	DECEASED Type ar print)	JAIL FS	R	PA	125/56	OF DEAT		7	14	19 61
\$. 5	EX	6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B DATE	OF BIRTH		9. AGE (In year		TYEAR IF UND	
	מצ	2/) WIDO	OWED DIVORCED	10	12511	1888	last birthday) 72 yrs		Days Hours	Mir
100.			%. KIND OF BUSINESS OR IND	USTRY 11	. BIRTHPLACE	State ar fareign	country)	12. CITIZ	ZEN OF WHAT	OUNTRY?
		ing life, even if retired) Checker	Ret-		Marv	land		1	ISA	
13	FATHER'S NAME			14. /	AOTHER'S MAID					
	William	O. Parsley			Chri	stina	Mullica	n		
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES?		INFORM/	ANT		Ad	dress		
(185	No	(If yes, give war ar dates of service)		Elsi	e May	Parsle	y-wife-	same	2d	
	IB CAUSE OF DEA	TH [Enter anly ane cause pe	ir line far (a), (b), and (c).]						INTERVAL SE	TWEEN
		TH WAS CAUSED BY:	Conduct	122	3-127	6000			ONSET AND	6,00
	232	MMEDIATE CAUSE (a) Due TO	- The proof		/				1 900	culty.
	Canditians, if a	au which \	Calant	- a)	Lizar	May .			1 7.	7/
	gave rise to in	mmediate (DUSTO	Carero con						1 / / / /	- A - 6-1
	tying cause last	the under-	C'entra	+ 4	intere	erocle	1024,		. Free	1 /
8	PART II OTH	IER STONIFICANT CONDITION	NS CONTRIBUTING TO DEATH BE	JT NOT RI	ELATED TO THE	TERMINAL DISE	ASE CONDITION G	IVEN IN PART	1(a) 19 WAS	AUTOPSY DRMED?
CAT			Wealite.	Mrs	thetu	72.			YES [
E E	20g. ACCIDENT WA	S UNDERLYING 206.	DESCRIBE HOW INJURY OCCURI	ED (Ente	r nature of inju	ry in Part I ar P	ort II of item 1B)			
E E	(IF EITHER, NOTIFY	MEDICAL EXAMINER								
S.	20c. TIME OF INJUR	Y Manth, Day, Year 20				form, 20f. (C	ity or town)	(C	qunty)	(State)
MEDS	Haur a.m., p.m.		hile Nat while wark at wark	actory, st	reet, affice bldg	, erc }				
	21 certify tha	t (I) (this haspital) att	ended the deceased fram	ત્રે	_//	. 12.5/. ta	9/14	1 196	/ that (1) (wed last
		ed alive an 2/	1221/20 11		accurred at	S. O. CO. 41	n the couses a	nd an the		
	22a. SIGNATURE / 22b DATE									
	STAFF 11 LLC 12 DILLE MD ATTENDING DIRECTOR D PHYS DIRECTOR D PHYS DIRECTOR									
	22< PHYSIC AN'S NAME (Type)	/	7	2	2d ADDRESS				1.7	
	Traine (Type)	Stephen N.	Jones		809 Vi	lers Mi	ill Rd.	Rock.	Md.	
23 ₀	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREM	ATORY	1	ATION (City, town,		(Sta	te)
	Burial (Specify)	9/16/61	Rockville	Cen	netery	Roc	ckville,	Mary	land	
24.	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		2So.	REC'D BY REGI		SISTRAR'S SIG	NATURE	
	Robert A	. Pumphrev.	Bethesda. M	arvl	and	E REP 1	8 '61	O June	& Kraus	

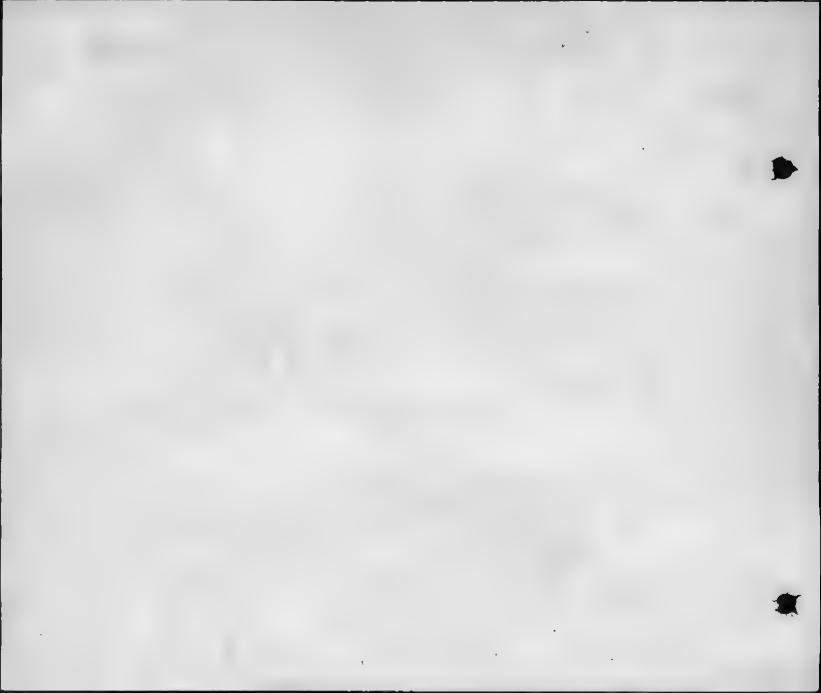
TO HON ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Fours after death. Page 4 may be valued by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any eventy within 72 haurs after death. VR A15 (4) 15M 9/S9

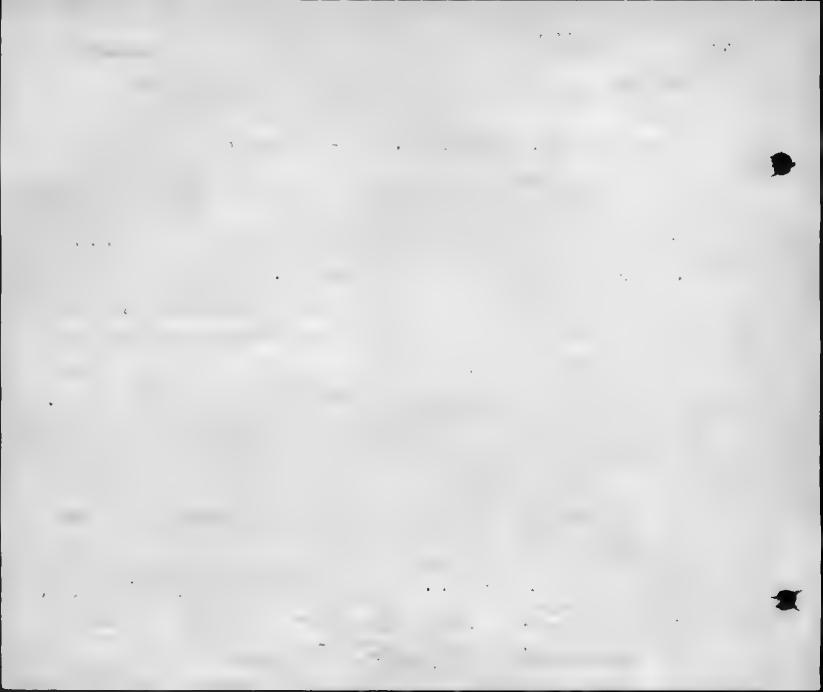
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY a. STATE MARYLAND y is necess b. CITY OR TOWN (if our de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and g valnearest town) your d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) for e. IS RESIDENCE ON A FARM? YES 🗍 NO 🐼 J. NAMEOF Middle 4. DATE Yeer DECEASED OF (Type or print) es 1, 2, and 3 to the Page 5 may be rest 1 and 2 with the DEATH 196 A. DATE OF BIRTH 9. AGE (Indyears IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages within 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of privice) 18. CAUSE OF DEATH [Enter only one seuse per line for (e), (b), and (c). INTERVAL BETWEEN e along v Litransit p ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO burial Ö geve rise to immediate cause ro. **DUE TO** as of (a), steting the underlying used ion, c PART II. OTHER SIGNIF CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE RM NAL DISEASE CONDITION GIVEN IN PART 1 . CERTIFICATION WAS ALTOPS Medical Exshould be constinued in the constitution of the constitu PERFORMED? NO Te 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing e 3 s 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) 0 (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. 6 Q et work et work to # O.R.: prior 21. I certify that I took charge of the remains described above, held an Autopsy | 4|. Inspection Inquiry and in my opinion sase execute the certific should be forwarded to FUNERAL DIRECTO Natural causes death resulted from: Accident Su cide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE _ NAME (Type) Address (Street, city, Jown, or county) 220. BURIAL, CREMATION I NAME OF CEMETERY OR CREMATORY 22d, LOCATION (C.ly, lown, or country (State) REMOVAL (Specify) <u>5</u>40 ₽ 7.1961 FORT LINCOLN C PRINCE GEORGE'S CEMETERY ADDRESS 23. FUNERA 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus SILVER SPRING, MD. DASEP 5M 9/60

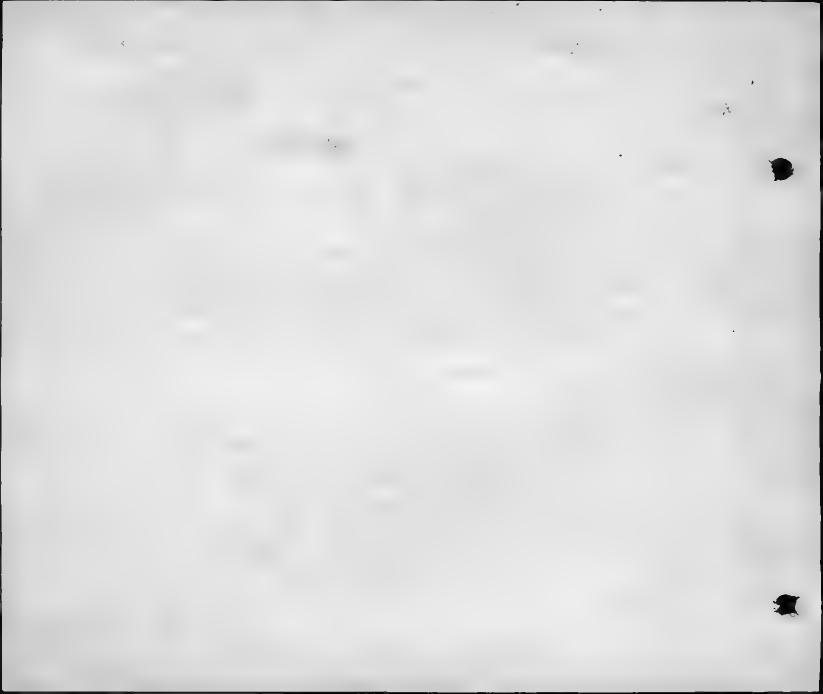


MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution e. COUNTY e. STATE by the and 2 death. Montgomery MARYLAND Maryland Prince Georges b CITY OR TOWN (if outside corporete "mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest lown) write RURAL and give nearest town) Greenbelt days .5-Bethesda Pages filled d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 56-H Crescent Road The Clinical Center, Bethesda 14. Md. NO 🚾 3. NAME OF DECEASED Elaine 1961 Bonnie Pehl DEATH September (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS carbon B DATE OF BIRTH 19. AGE (In years F UNDER 1 YEAR lest birthdey) pue Months Dave Hours Female White DIVORCED [WIDOWED I event, 100 LSUAL OCCUPATION (Give kind of work | 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State or foreign country) 12 CIT.ZEN OF WHAT COUNTRY? dane during most of working life, even if retired). U.S.A. Marvland None Child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Dorothy G. Caswell M. Milburn Pehl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17 INFORMANTThe Medical Records (Yes, no. or unkown) | (ifyesg vewerordelesofservice) The Clinical Center, Bethesda 14, Maryland 18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CALSED BY, Gram negative septicemia; gastrointestinal hemorrhage Days DUE TO b) Acute pyelonephritis Weeks gave rise to immediate cause DUE TO (e), stelling the underlying has [c] Acute lymphatic leukemia 13 Mos. certificate ha PART I.. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) WAS AUTOPSY PERFORMED? YES TE NO F prior 208 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN URY OCCURED, (Enter nature of invery in Pert I or Pert II of Item 18.) Ь OR CONTR BUTING CAUSE OF DEATH After this letached for 20a. INJURY OCCURRED 20a PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) 20¢ TIME OF INJURY Month, Dey, Yeer Not While factory, street, office blog., etc.) Hour a.m. et work et work DIRECTOR: saw the deceased alive on September. 3 .. 19.61..., and that death occurred a 5.50 PM from the causes and on the date stated above 22b. DATE 22a, SIGNATUR ATTENDING 5 GNED DIRECTOR PHYS. PHYS. 22d. ADDRESS The Clinical Center, National 22c PHYSIC AN'S Robert Levin Institutes of Health, Bethesda 14, Md. 23d, LOCATION (City, town or NAME OF CEMETERY OR CREMATORY (Steta) BURGAL, CREMATION. 0 25e. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND** FOR STATI MEDICAL EXAMINER'S ERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY Page director. Page is necessary, onthomery MERVICIND 10ntrome Ru CITY OR TOWN (if outside corporete limits, TOWN (If outs de corporate limits, write RUKAL and give has all town) write RURAL and give negrest town) lakoma Jan K d. NAME OF HOSPITAL OR INSTITUTION (f not in hospite . IS RESIDENCE ON A FARM? a State Wash, YES NO Z DECEASED OF September (Type or print) DEATH B. DATE OF BIRTH AGE In years IF UNDER 1 YEAR ! IF UNDER 24 HRS. 7, MARRIED NEVER MARRIED lest birthdev) Months, Days 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret rad) 13 FATHER S NAME File pages William E. LETERS

15. WAS DECEASED EVERIN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) (Ifyas giva war or dates of service) HOSD, F 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN CHISET AND DEATH DEATH WAS CAUSED BY: SEVERE HEPATIC COMA IMMEDIATE CALSE (a) Office DUE TO months PORTAL CIRRHOSIS TERMINAL SEVERE Conditions, if any, which DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR. BLT. NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 9. WAS AUTOPSY PERFORMED? ACUTE PURULENT NO Medical should 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. 20d INLERY OCCURRED 200, PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Dey, Year (County) (State) forwarded to the Care L DIRECTOR: Page factory, street, office bfdg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED shame be for SIGNATURE Shamle Address (Street, city, town, or county) BURIAL CREMATION. 22c. 40 FUNERAL DIRECTOR 248 REC'D BY REGISTRAR | 24b. REGISTRAR & SIGNATURE VS. AISME 5M 7/59



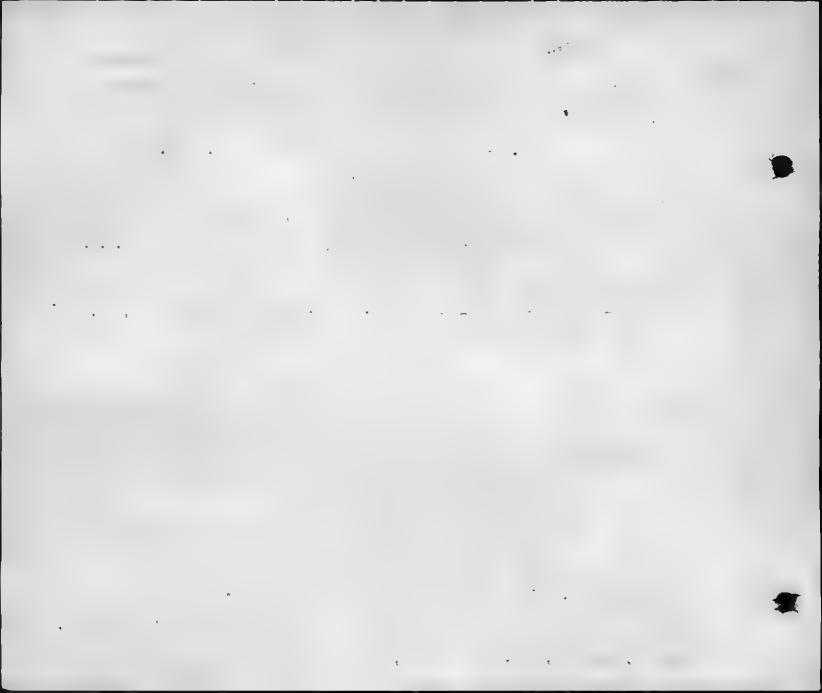
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10/0/ CERTIFICATE OF DEATH

1	PLACE OF DEATH o. COUNTY MONT GOTHERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if instituted in the before admission) a. STATE b. COUNTY Maryland Montgomery
		a. STATE b. COUNTY Mont domo.mr.
	Montgomery b. C.TY OR TOWN (A outside corporate lim is, c. LENGTH OF STAY IN 1b	c. CITY OR FOWN (If outside corporate timits, write RURAL and give nearest town)
	write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION . Final in hospital, give street address)	Silver Spring d STREET ADDRESS S RESIDENCE ON A FARM?
	8019 Eastern Ave Apt. T-2 NAME OF Fish Modele DECEASED (Type or print) Allen Richard Phil	Pot Sr BEATH September 27 1961
	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8 Male White WIDOWED DIVORCED SE	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF JNDER 24 HRS. Hours Min. 75 yrs
Mac	Da. USUAL OCCUPATION (G ve kind of work 10b KIND OF BUSINESS OR INDUSTRY Heavy construction in the construction of the constru	Rome, Georgia 14. Mother's Maiden Name 15. CITIZEN OF WHAT COUNTRY? U.S.A.
15	To seph Philpot 5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 IN Yes, no, or unknown) (Ifyesgivewarordelesofserv.ce) No 579-07-1694 Mrs.	2011 Factorn Avenue Ant 106
	ATO RY	FALLURE + 144 MITTLE Y 2 2.445
	Conditions, if only, which gever ise to immediate cause (a), stating the underlying cause last. DUE TO (c)	L CARCINCONIA 19844X 3 YEAR)
CERTIFICATION		T RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES NO
	The state of the s	(Enler nature of injury in Part I or Part I of Iam 18 ,
MEDICAL	20c. T/ME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLAC While Not While at work at work	CE OF INJURY , Home, form, 20f. (City or town) , County) (State) ry, street, office bldg., etc.)
	21 certify that (I) (this hospital) attended the deceased from.	-16
	saw the deceased alive on	death occured at A.M. from the causes and on the date stated above. ATTEND NG MED. STAFF SIGNED
	22c. PHYSICIAN'S NAME (1790) HENRY R. WOLFE	phys Director Phys J 4138161
	30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	
	REMOVAL (Specify) 9/29/61 Fort Lincoln	
	Varner E. Pumphrey, Inc. Silver Spring, Ma	



TO HON TO ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death. Page 4 may brined by the haspital at attending physician.

TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fire. At by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

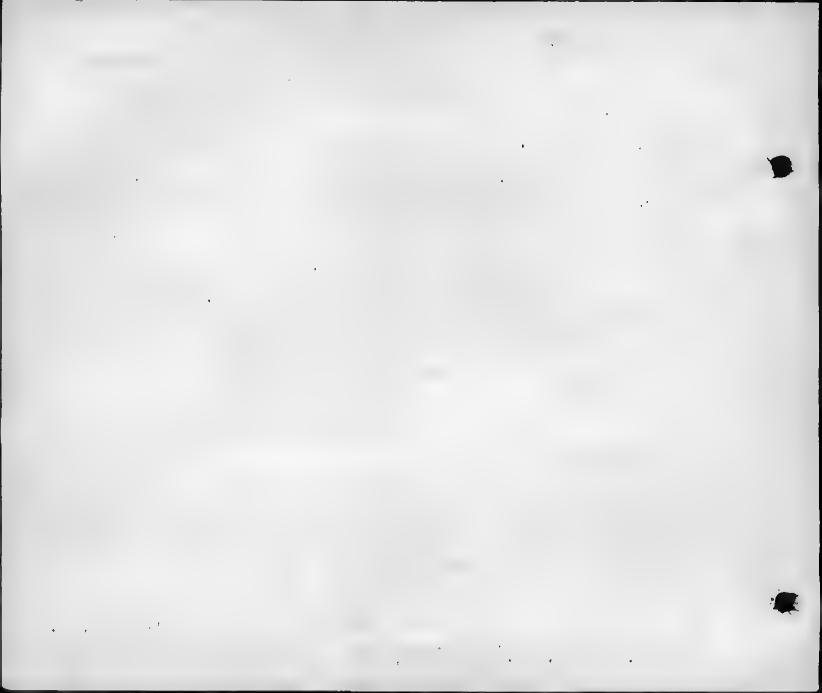
VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 10435

1 P	PLACE OF DEATH J. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institut a residence between a STATE
	MONT GOMERY MARYLAND	o. STATE MARULAND 6 COUNTY MONTGOMSRY
b	CITY OR TOWN (If and de corporate limit write RURAL and give nearest town)	c. CITY OR TOWN (If authode corporate limits write RURAL and give nebrest lown)
	NORBECK-YURAL TYEARS	RURAL - Norbeck -
0	d. NAME OF HOSP TAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS e IS RESIDENCE ON A FARM?
	16 C15 EMONY Lane.	16015 EMORY LANE YES NOD
3 N	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) KODER Keeve	PYATT DEATH SEPT. OF 1961
5 5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min
	WIDOWED DIVORCED	MARCH 31, 1919 42 yrs.
10o	USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	
_	ENSTRUMENT MAKEE BUREAU of Standa	
13 1	FATHER'S NAME Tesse Garfield Pratt	14. MOTHER'S MAIDEN NAME REEUR, GYACK
-	3	,
	s no or unknown! (If we give wor or distes of service !	11172 16015 EMORY LANE, Norbeck
_	198 19 45 1Mg-321 270 01-8301	
	PART I. DEATH WAS CAUSED BY	O STAND DEATH
	IMMEDIATE CAUSE (a) COYONAK	4 occiosion 15mio.
	4201 DUE TO	To To
	1 dove rise to immediate t	15112 Cardiouascular dissass 5 months
	cause (a), staling the under-	
z	<u> </u>	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
CERTIFICATION		PERFORMED? YES NO PAY
SEL	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in Part I or Part II of item 18.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
S		PLACE OF INJURY (Home, form, 20f (City ar town) (Caunty) (State) actory, street, affice bldg., etc.)
MEDICAL	Hour a.m. While Not while P. m. Not work at work	octory, streat, office blog., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram	TUNE , 1959 to SEDT 21, 1961, that (1) (we) last
	n 1 - 1 :	death accurred at BAM, from the causes and an the date stated above.
	220. SIGNATURE	22b DATE
	Tellean K. Ziegler	M.D PHYS. D DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Liegier, Lillian K.	Olney, Mol.
23 ₀	BUR AL, CREMATION 236 DATE THEREOF 23C NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d LOCATION (City, town, or county) (State)
Cr	remation 9/21/61 Fort Lincoln	
1 4.	SUNERAL DIRECTOR'S SIGNATURE ZIST 8434 Georgia Ave	250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Wa	irner E. Pumphrey, Inc. Silver Spring,	Maryland DATE SEP 25 6 Outlan S. Kings



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10435	CERTIFICATE OF	PEAIN	4.0420	
1. PLACE OF DEATH a. COUNTY		AL RESIDENCE [Where deceased		balore admission)
Montgomery	MARYLAND a. ST	ATE Idaho	b. COUNTY	✓
b. CITY OR TOWN of outside corporate limits, c	TH OF STAY IN 16 C. CF	TY OR TOWN (if outside corporate lim	nits, write RURAL and give ner	est lown
write RURAL and give nearest town) Bethesda	h5 Days	Mountain Home	to the second	y Josepha and
d NAME OF HOSPITAL OR INSTITUTION if not in hospital		REET ADDRESS	_	e, IS RES DENC:
file of the same o		860 South 2nd W	Jant Street	ON A FARM? YES IND T
The Climical Center	M.ddle	569 South 3rd W	Month Day	Year
DECEASED (Type or print)		OF		4.
KAITH		MITT	September 19	
	THE PER HOMESTED	last b	4. T.	Hours Mr.
Female White WIDOWED		23, 1940 21	yrs.	
10a. USUAL OCCUPAT ON (Give kind of work done during most of working life, even it retired)	OF BUSINESS OR INDUSTRY 11 BIR	THPLACE County & Stelly or foreign	country] 12 CHIZEN UF	WHAT COUNTRY?
		lrginia _	USA	
13. FATHER'S NAME		HER'S MAIDEN NAME		
Boyd Gilmore		Sargent		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOI (Yes, no, pr unkown) (Ifyasg vewarordatasofsarv ce)	TAL SECURITY NO 17. INFORMA	The Medical Re	-Addred	
	vailable The Cli	rical Center, Beth		land
18. CAUSE OF DEATH [Enter only one cause par I ne	or (a) (b), and (c).]	•	INTEX	VAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	tive Heart Failure		3"	Months
154 E DUETO				
Conditions, if any, which (b) Atria	L Septal Defect			
gave risa to immediate cause				_
	nital Heart Discas			
			ION GIVEN IN PART I(a) 19.	
			V£.	PERFORMED?
PART I OTHER SIGNIFICANT CONDITIONS CONTR. CO	E HOW INJURY OCCURED, (Enter nat	ura of mury in Part I or Part II of Item		
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	RY OCCURRED 20s. PLACE OF INJ	JRY (Home, farm, 20f. (City or low)	r) (County)	(Stata)
Hour a.m. While _	Not While factory, streat,	offica bldg., atc.)	, (=====1)	(0.0.0)
	at work	5	30 /3	
21. I certify that (I) (this hospital) attended			in19 . , 19 61 tha	
saw the deceased alive on Sept. 19.	19.04, and that death o	ccured at . M. from the c	causes and on the date	stated above.
22a. SIGNATURE	ATTE	NDING MED, STA	H - Cant 1	22b. DATE
Man T Mason	M.D PHYS			9, 1961
22c PHYSICIAN S NAME (Typy)	2 1//// 1////	ADDRESS The Clinica	al Center, Nat	ional
	-	stitutes of Health		
REMOVAL (Specify)	c. NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	(City, town or county)	(Stata)
DURIAL 122 SEPT. 1961		MICHLI	AND, VA.	_
24 NUNERAL DIRECTOR'S SIGNATURE	- ADDRESS	25e. REC'D BY REGISTRAR 2	256. REGISTRAR'S SIGNATU	RE
RINALDI TUNERAL HOME, IN	U 8/6H J. N.E.	ALDATE SEP 21 '61	Cirlian S. Theres	

. I. e " + 2 " e .



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 item 14 Firm 3295 9/10/01 iwk
CERTIFICATE OF DEATH 70230 director after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Filed a COUNTY o STATE **b. COUNTY** MARYLAND 107778-yfuneral b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not) in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Brocke ON A FARW? YES NO R NAME OF 4. DATE Lost Day Yeor DECEASED OF (Type or print) DEATH 196 6 COLOR OR RACE 5. SEX AGE (In years lost bigthday) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours WIDOWED [7] DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES 16, SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH [Enter only one couse per line (or-(q), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO Y 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while of work | of work p. m. 21. I certify that I attended the deceased fram, ta_ (2, 19,4/_,that I last saw the deceased and that doubth occurred at 4:30/4 M, from the causes and on the date stated above. alive an ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL SIGNATURE Prior showld PHYSICIAN'S NAME (Type) BURIAL, CREMATION, PRINOVAL (Specify) 224 DATE THEREOF 22 MAME OF CEMETERY OR CREMATORY 124 OCATION (City town, or county) page 2 UMERAV/DIRECTOR'S SIGNATURE ADDRESS 4 246 SEGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR VS A15 (4) arthur S. Throng 15M 10/57



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 10440 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b** COUNTY MARYLAND funeral Z CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 RURAL and give nearest town) ō av d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION YES 🔲 NO 🔝 on vales cent NAME OF Middle 4. DATE Lost Month Day Year DECEASED DEATH (Type or print) Poges 19 0 9. AGE (In years lost birthday) F UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED | NEVER MARRIED | B DATE OF BIRTH Months Doys Hours offer WIDOWED L DIVORCED [7] papers. 10a. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? and avmer corban 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 1+ Kaini attending Md INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] ä PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Mu **DUE TO** á. purmit, Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stating the underbellin si lying cause lost burial-tronsit ö PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation, PERFORMED? YES NO 1 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20e PLACE OF INJURY (Home form, 20f (City or town) 20c TIME OF INJURY Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) Hour a. m. While Not while After this of work lot work p. m detached for 21 I certify that (1) (this haspital)/attended the deceased fram_ , that (l) (we) -ast M. from the causes and on the date stated above and that death accurred at 3 Heolth saw the deceased alive an DIRECTOR: 22b DATE 220 SIGNATURE SIGNED ATTENDING MED DIRECTOR þ M.D. 22d. ADDRESS 22c. PHYSICIAN'S 3 should NAME (Type) FUNERAL BURIAL, CREMATION. 23b DATE THEREOF REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) DASEP 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before adm ss on) a. COUNTY a. STATE **b.** COUNTY MARYLAND City of 10 on the concrete mits, c. C.TY OR TOWN (If outside corporate I mits, write RURA), and give nearest town, and c. LENGTH OF STAY IN 16 è and give neares lown) TARK AKOMA Washin a ton .e 📆 d. NAME OF HOSP, TAL OR INSTITUTION, if not in hospital, give street address d. STREET ADDRESS ON A FARM? Washing & YES NO T SED DEATH (Type or print) CNMN. 19 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7 MARRIED T NEVER MARRIED T tast birthday) Months Doys Hours WIDOWED [100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. M. 13. FATHER'S NAME Gennaro 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURTY NO 17 Address (Yas, no, or unkown) | (If yes give wer or dates of service) Hospital Records IB. CAUSE OF DEATH [Enter only one cause per line for .a), (b) and (c), INTERVAL BETWEEN ONSET AND DEATH acclusion ART I. DEATH WAS CAUSED BY Coronary MMEDIATE CAUSE (a) **DUE TO** Hypertension Conditions, d any, which gave rise to immediate causa **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1,0)1 19. WAS AUTOPSY PERFORMED? NO Z 206 DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I of item 18) 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, ferm 20f. (City or fown, While Not While factory, street, office bldg., etc.) Hour a.m. et work at work DIRECTOR: 21. I certify that (I) (this hospital) atlended the deceased from. , and that death occurred at the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) O FUNE director, be filed 23a. BURIAL, CREMATION, | 23b NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF REMOVAL (Specify) Prince Georges County, Md.

25e REC'D BY REGISTRAR, 25b. REGISTRAR, S SIGNATURE

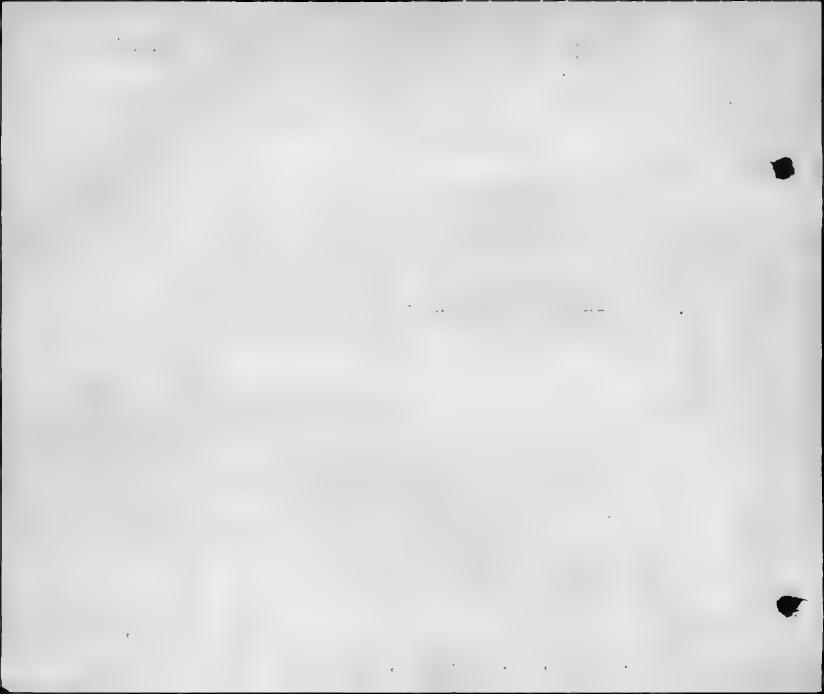
SEP 13'61

Lilling A. Human DATSEP 13 '61 VR A15 (4) 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY actor. Page your files. a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporete l'mits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 director. rest town) d. NAME QF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 00 retained re State B YES NO Z NAME OF Middle DECEASED (Type or print) DEATH 5. SEX AGE (In years) 6. COLOR OR RACE IF UNDER 1 YEAR 8 IF UNDER 24 HRS. 7. MARRIED R NEVER MARRIED Months Hours WIDOWED DIVORCED age 5 1 and 777 ho 108. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? dope during most of working I fe even if retired) ages l WOMR Radio Station 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME £ 00.≥ Ø Julia Augusta Brower WAS DECEASED EVER IN U.S. ARMED FORCES , 16. SOCIAL SECURITY NO 1 17. INFORMANT (Yes, no, or unknwn) [(.fyesg 'vewerordetes (service) No. 18. CAUSE OF DEATH [Enler only one cause par line for (a), (b), and (c)] INTERVAL BETWEEN along ransit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sucld IMMEDIATE CAUSE (a Office **DUE TO** 0 Conditions, if any, which gave rise to immediate cause 623 **DUE TO** (a), stating the underlying cause lest. usek PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERT, FICATION PERFORMED? whould b NO 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of in any in Pert I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing # 20c TIME OF NJURY Month, Day Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f (City or town) (County, (Steta) While Not While factory, street, office bldg., etc.) Hour a.m. et work et work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 74 State the source the could be forwarded to come the could be forwarded to come the could be come to come the come to come the could be come to come the come to come the ā Inquiry X and in my opinion 0 death resulted from-Natural causes 1/1, Accident Suic de Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE ■hould be f
■UNERAI
■UNERAI DEPUTY MEDICAL EXAM NER **EXAMINER'S ≅hould** NAME (Type) Address (Street, city town, or county) 226, BURIAL, CREMATION | 226, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) (State) REMOVAL (Specify) E 40 P 9/26/6 Burial Parklaum Cemetery Montgomery County Maryland
240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. PUNERAL DIRECTOR 8434 Georgia Avenue VS. A15ME 5M 9 60 DATESEP 2 6 '61 Inc. Silver Spring - Maryland Cillia & Krima



may thouse by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filed to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death urs after death. Page 4 ALER ITTINDING PHYLICEN. The law requires that the death perificate be enecuted within 2

TO HO

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		3844R CE	CHIFICAL	E OF DEA	VIII	1043	37			
	1	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE	CE (Where deceased lived	. If institution Residence b COUNTY	e before admission)			
	-	Monigomeny	1	/ 6	nn		V			
		b CITY OR TOWN (If outs) de corporate limit, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOW	/N (If outside corporate til	mits, write RURAL and g	ive nearest town)			
1		d. NAME OF HOSPITAL (If not in haspital, give street address)		d. STREET ADDR	RESS /	77X-	. IS RESIDENCE ON A FARM?			
,	1	groone Grove Toural	0.0				YES NO M			
		NAME OF DECEASED (Type or print) A C C I C I I I	widdle	last last	4. DATE OF DEATH	Sept /	_Defy Year 5 196/			
	5 5	AND I WEVER	WARRIED B	DATE OF BIRTH	1865 PAG	L. L	1 YEAR IF UNDER 24 HRS Days Hours Min.			
	10a	USUA. OCCUPAT ON (Give kind of work dane 10b KIND OF BUSIN	IESS OR INDUST	RY 11. BIRTHPLACE	(State or fareign country)		ZEN OF WHAT COUNTRY			
	0	Min 45/41 Clergy		mic	ha	9	15			
	13	FATHER'S NAME		14. MOTHER'S MA	IDEN NAME					
1		Soloman Mogens		9.9.	ne Te	rrill				
)		WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURI 5, no. or unknown] [If yes, give wor or dates of service?]	TY NO. 17, INF	GRANT Address Address						
		18 CAUSE OF DEATH [Enter only one cause per line for (a) (b), a	nd (c)]	3	-		INTERVAL BETWEEN			
		PART 1 DEATH WAS CAUSED BY	i V	0			ONSET AND DEATH			
		DUE TO	1				- Zan			
		Conditions if you which it	C. H.	Sila			1500			
		gave rise to immediate	100		(Les		13 40			
		cause (a), stating the <u>under-</u> lying cause last.					0			
	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE	ETERMINAL DISEASE CON	DITION GIVEN IN PART	Hall 19 WAS AUTOPSY			
-	CATION		JO GENTIL BOY IS	TO RECATED TO THE	E TERRITAL D'SEAGE CON	DITION STEEN IN TAKE	PERFORMED? YES NO 🗵			
	CERTIF	20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED.	(Enter nature of in)	ury in Part I ar Part II of	item 16-)				
	CAL	20c TIME OF INJURY Manth Day, Year 20d INJURY OCCURR	D 20e PLAC	E OF INJURY (Hom	e farm, 20f (City ar ta	vn) (C	aunty) (State			
	MEDICAL	Haur a.m. While Not while p, m. 19 of wark □ at wark	☐ Facto	rry, street, office bld	ig., elc.)	,				
		21 I certify that (I) (this haspital) attended the dece	ased fram.	June	125 1 10 15	Sect 196	/, that (I) (we) las			
		saw the deceased alive an 15 Seft 1961.	and that de	ath accurred a	5.0 M, from the	for 1	1111			
		220. SIGNATORE	len	ATTENDING)	/ MED ST/		22b. DATE SIGNED			
		22c. PHYSICIAN'S NAME (Type)	X	22d. ADDRESS	U DIRECTOR PH	13 🔲				
		JOHN B, ZIEGAL	IR M	D OLK	'E	MD.	<u> </u>			
	23a	BUR AL, CREMATION, 236 DATE THEREOF 23c NAME O	F CEMETERY OR	CREMATORY	28d LOCATION	City, town, ar caunty)	(State)			
		Burial Sept. 18,1961 Layto	nsville		Laytonsv	rille, Md.				
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS			REC'D BY REGISTRAR	25b REGISTRAR'S SIG	NATURE			
		1, June H. Harlen Lay to	nsville	, Md. DA	是EF, 1 3 , 61	C thur S. to	and.			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, Prinstitution: Residence before admission) a. COUNTY r. Page f,les. Health, 5. COUNTY MARYLAND director, F CITY OR TOWN (if ourside comprate him to c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negress town) wr to RURAL and give nearest town) for your Board of d. NAME OF HOSP/TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF Middle DECEASED (Type or print) 9. AGE (In year IF UNDER 1 YEAR | last birthdey) | Months | Days NEVER MARRIED | B. PATE OF BIRTH 7. MARRIED Months WIDOWED DIVORCED age 5 and 7 USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PM3. Pa archier FATHER S NAME 14. MOTHER'S MAIDEN NAME S WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT
(Vas, no, or unkown) (Ifyesgive varordelesofservice) File with form permit. File with 18. CAUSE OF DEATH (Enter only one cause per line (or (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Office burial-t DUE TO Conditions, I any, which gave rise to immediate cause DUE TO (a), stating the underlying Medical Examine should be used a rial, cremation, or PART II. OTHER'S GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART Ital 19. WAS AUTOPSY 20e EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of in any in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING 12T het je 3 buri 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f (City or town) 20c TIME OF INJURY Month Day Year factory, street, office bldg , etc) While m c. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Asd 20 2 to the certific forwarded to the DIRECTC hated agent, it Undetermined manner death resulted from: Natural causes Suicide 🔀 Homicide Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be to FUNERAL its designate SIGNATURE DEPUTY MEDICAL EXAMINER UT 3108Ch RW Address (Street city, lown or county) 228. BURIAL CREMATION 1 226. DATE THEREOF 22e NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, fown, or country) REMOYAL (Specify) Valley Forge Cem. Valley Forge, <u>_</u> 40 ₽ ADDRESS 248 REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE

Bethesda, Md.

DATE 8EP 2 0 '61

PUMPHREY

. IS RESIDENCE ON A FARM? YES NO 4

19 60 1

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (State)

DATE SIGNED

(Stelle)

= Cotton & Kinn

VS. A1SME 5M 9'6D





DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEA 2 USUAL RESIDENCE (Where deceased lived e. COUNTY e. STATE MONTGOMER MARYLAND c CITY OR TOWN (If outs de corporete I mits, write RURAL Ma give neerest town) b. CITY OR TOWN (if outside corporete | m ts. E LENGTH OF STAY IN 16 write RURAL end give neerest town) nealon d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress STREET ADDRESS IS RESIDENCE ON A FARM? YES NO V papers. 3. NAME OF Middle Day Yeer DECEASED (Type or print) DEATH 1961 COLOR OR RACE 7, MARRIED X NEVER MARRIED AGE (MA Yeers IF UNDER 1 YEAR IF UNDER 24 HRS. ast b 'hdey Months WIDOWED D VORCED physician 1De. USUAL OCCUPATION (Give kind of work ease (Throve BUSINESS OR INDUSTRY 12. C TIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Sugedenal 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C attending 췹 E P 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we rordetes of service) 18. CAUSE OF DEATH [Enter only one cause ser ine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (+) DUE TO Conditions. which gave rise to immediate cause DUE TO (a), steting the underlying cause lest. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO T prior CERTIFICA use 200. ACCIDENT WAS UNDERLYING | | 200. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pertal of Item 18.5 OR CONTRIBUTING CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) etached 20d. INJURY OCCURRED , 20e. PLACE OF INJURY , Home, form 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (Stelle) fectory, street, office bldg., elc.) White Not While Hour e.m. et work et work p.m. DIRECTOR: 21. I certify that (!) (this hospital) attended the deceased from. 6 and that death occured at "M, from the causes and on the date stated above. saw the deceased alive on @ 226. DATE SIGNATION SIGNED ATTENDING M DIRECTOR PHYS. PHYS. M.D FUNERAL eged 22d. ADDRESS PHYS. CIAN'S NAME (Type) ector, filed (Stote) CREMATORY LOCATION (City, lown or county BURIAL, CREMATION, | 235 DATE THEREO! REMOVAL (Specify) O KEMOVAL 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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P 3

* All

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, a. COUNTY 5. COUNTY Montgomery 4 5 5 T MARYLAND death. by th b. CITY OR TOWN (if outs de corporate limits, c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 write RURAL and give neerest town) 42 days .57 Bethesda (Rural Falls Church hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital 1019 Cedar Lane YES NO X papers. J. NAME OF 4. DATE complet DECEASED OF 1961 (Type or print) DEATH Mary Agnes Runyon September carbon 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months Devs Hours 4-10-88 Caucasian D. VORCED WIDOWED 3 Female physician ever 10b. KIND OF BUSINESS OR INDUSTRY, 11. B.RTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? remove 10e. USUAL OCCUPATION [G ve kind of work done during most of working life, even if retired. any Housewife USA Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please . = aftending Frank Roddy Kate Hassan and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) -32-8813D (Daughter) Mrs. Margaret B. Lark, same as og physician. 18. CAUSE OF DEATH lenter only one couse per INTERVAL BETWEEN ONSET AND DEATH Stomach DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO affending Conditions, if eny, which peen (6) gave rise to immediate cause DUE TO (a), stating the underlying has cause lest. ö PART 1. OTHER SIGNIF, CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate hospital 調り PERFORMED? NO V use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW NJURY OCCURED, (Enter nature of myury in Part | or Part | of item 18) may be retained.

DIRECTOR: After this of all and a second 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm. : 20f. (City or town) (State) factory, street, office bldg , etc.) While Not While Hour am. at work et work 21. I certify that 10 (this hospital) attended the deceased from August 17......, 1961, to Sept. 28......, 1961, that 00 (we) last19...61, and that death occured 3.:.45M, from the causes and on the date stated above. saw the deceased alive on Sept 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED September 28 3 PHYS. DIRECTOR PHYS. FUNERAL mage. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BRAMLETT LCIR MC S. Naval Hospital, Bethesda, Md. ·emfor, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) 23a, BURIAL, CREMATION, 123b, DATE THEREOF 靈 REMOVAL (Specify) OBB 9 Philadelphia. Holy Cross Cemetery Burial

ADDRESS

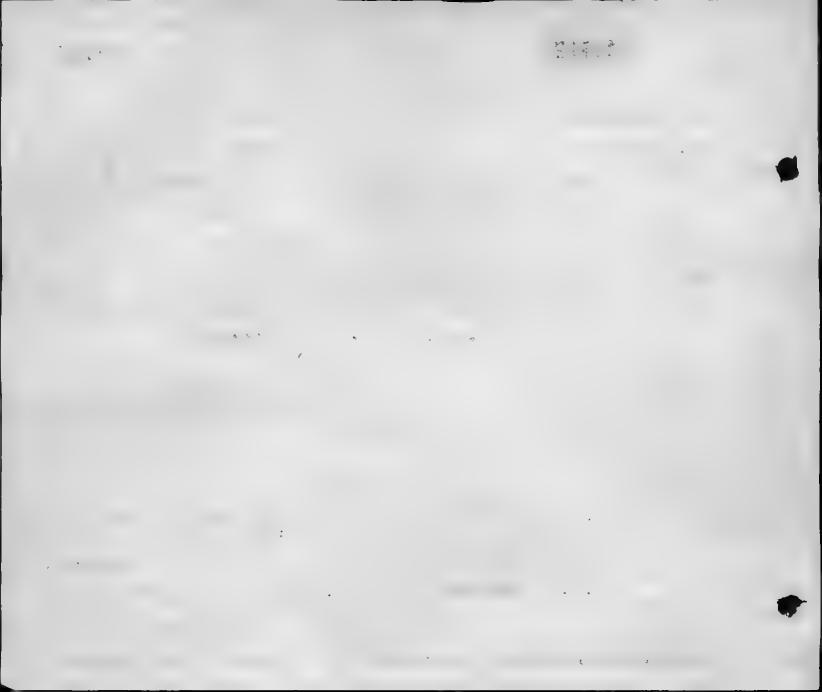
Columbia Pike, Arlington, Va.

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE

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VR A15 (4) 15M 9/60



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1(148 Ite	CERTIFICAT	E OF DEATH	4 - 4-	10440
1. PLACE OF DEATH			2. ÚSUAL RESIDEN	CE (Whare decaesed lived, If institution	ir Residence Beron Bam ssion)
o. county Montgomery		MARYLAND	• SVirginia	a. b. county	
b. CITY OR TOWN (foutsida corporata limita,	c. LENGTH OF STAY IN 16		If outside corporate limits, write RURAL	end give naerast lown)
Bethesda (R	give naarest town) UPal)	12 days	Leon		
	AL OR INSTITUTION (IF not in I	V	d. STREET ADDRESS		a, IS RESIDENCE
U. S. Naval			Star Rou	ite #2	YES NO T
3. NAME OF	First	M ddle	Last	4. DATE Month	Day Yaar
DECEASED (Typa or print)	Edmond	Julius	Ruth	DEATH September	7 19 61
5. SEX			. DATE OF BIRTH	9. AGE (In years IF UNDE	
Male	Caucasian WIDON		6 16 07	last birthday) Months	Days Hours Min,
10a. USUAL OCCUPATI	ON (G va kind of work 10b.	KIND OF BUSINESS OR INDUSTI	6-16-07 RY , 11. BIRTHPLACE (Coun	14	TITIZEN OF WHAT COUNTRY?
	king life, avan if ratired)		1		
Armed Force		U. S. Navy	LOUISIANS		<u>USA</u>
Henry John	Ruth		unknow		
		6 SOCIAL SECURITY NO. 1 17.	INFORMANT	Address	
(Yas, no, or unkown) (If	yas giva war or datas of servica)				llo -
Yes W	WII & Korea EATH [Enter on y one cause pe	2,1,1 40 5,781 (c)	Wife L Josephi	ine R. Ruth Same a:	5 #2 above
PART I, DEATH	WAS CAUSED BY:	160000	and ca	nting win	ONSET AND DEATH
	MMEDIATE CAUSE (a)	CLEVILLA, DI	ie ne	pticemia	_ www.
	DUETO	bearing RE	- Care	estimber.	1 9 ums.
Conditions, if any gave rise to immedia		vistac y	The source of	Gillian -	
(a), stating the un		Dec A Service K	Ladde +	nana nlegia	91115
couse last.) (c) /L	europine v	iavuer i	para pregio	
PART II. OTHER	SIGNIFICANT CONDITIONS C	ON THE HTALL OF A THURSDAY	OT RELATED TO THE TERMIN	NAL DISEASE CONDITI ON GIVEN IN PA	PERFORMED?
2					YES NO 🖸
20e. ACCIDENT WA	☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED). (Entar neture of in any in	Part I or Part II of Item 18.)	
(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
5 20c. TIME OF INJUI			ACE OF (NJURY (Home, larn lory, street, office bldg., etc.		lounly) (Steta)
G Hour e.m.		rork at work			
21. I certify th	nat 🗱 (this hospital) after	ended the deceased from.	August 26 .	1961 po September 7	1961 that (1) (we) last
			death occured at 1.	LM, from the causes and or	the date stated above.
228. SIGNATURE	10	> 41		MED. STAFF V A	22b, DATE
	The W.	VSrachelleh. "			eptembe f 1961
22c. PHYSICIAN S NAME (Type)	JOHN W. BRACKE		22d. ADDRESS		
Institut (1.4he)	val Hospital Beth	esda, Md.			
230. BURIAL, CREMATIO	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City, town or cor	unty) (Steta)
REMOVAL (Spacify) Burial	11 Sept 1963	Arlington I	Vational	Arlington	Va.
24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 255. REGISTRAR	S SIGNATURE
Deal Funera	l Home, Washing	eorgia Ave.N.W.	DATE	SEP 11 '61 Carlan	2. Krouk

VR A15 (4) 15M 9/60

and and 5

DIVISION OF STATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE 1, MARYLAND tem y Film Gayo TIGHTAL RESIDENCE Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH . COUNTY COUNTY Montgomery Fairfax MARYLAND b. CITY OR TOWN (f outside corporete fimits, e LENGTH OF STAY N 16 CITY OR TOWN (if outside corporale limits, will a RURAL and give nearest town) write RURAL and give nearest town) Bethesda days Herndon d. NAME OF HOSP TAL OR INSTITUTION (I not in hospitel, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? The Clinical Center. Bethesda 14. Md. Box 83 YES NO X 3. NAME OF Last 4. DATE Month DECEASED OF (Type or print) DEATH Sylvester Saffer 19 61 Raymond 6. COLOR OR RACE 7. MARRIED NEVER MARRIED In years .F UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH hdayl Male WIDOWED -DIVORCED [September in any even 10e. USUAL OCCUPAT ON (Give kind of work physician 12 CIT.ZEN OF WHAT COUNTRY? TOB. KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE / ountry done during most of working life, even if retired) U.S.A. Mechanic Auto repair Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending ple John Saffer Rose Cunningham WAS DECEASED EVER NUS. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record (Yes, no, or unkown) (Ifyes give wer or deles of service) The Clinical Center, Bethesda 14, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c). onset and DEATH PART I DEATH WAS CAUSED BY: Cardiovascular collapse IMMEDIATE CAUSE (a) Metastatic bronchogenic carcinoma vear Conditions, if any, which geve rise to immediate ceuse DUE TO (e), stating the underlying PART II OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,81 19 WAS AUTOPSY PERFORMED? Bilateral hydrothorax NO I 200. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Courty) (State) factory, street, office bldg., etc.) While Not While Hour e.m. al work at work 21. I certify that (this hospital) attended the deceased from September 11, 1961, to September 2319 61, that 14 (we) last saw the deceased alive on September 23.19.61, and that death occurred a 6.15FM rom the causes and on the date stated above. 22b. DATE 2.2e. SIGNATURE ATTENDING SIGNED PHYS. 24 DIRECTOR | PHYS. 22c PHYSICIAN'S 2 Pherofinical Center, National Institutes NAME (Type) Marvin Lewis, M.D. of Health, Bethesda 14, Maryland (State) 23c NAME OF CEMETERY OR CREMATORY directe be file 236 DATE THEREOF CASCELIA-0 25a REGID BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9759

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTI	FICA	TE C	E DE	ATH

 $A \cap A A A$

10450	GERTINI TOTAL	- 0	1044	
o. COUNTY Man la aman.	MARYLAND	2. USUAL RESIDENCE (Where deceased if a. STATE	ved. If institution Residence 6 COUNTY	before admission)
RURAL ond give nearest lown)	LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate	e limits, write RURAL and giv	e nearest tawn)
d. NAME OF HOSPITAL (if not in hospital give street act OR INSTITUTION Sharron NUTS 1 TE	Home mo	d STREET ADDRESS 4312 Halles	Terrace	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) Gently ude	B Sag	Lost 4. DATE OF DEATH	Sipt 3	Day Year 196/
Female Cauc WIDOWED	DIVORCED DIVORCED	9. 12 1876 9.		YEAR IF UNDER 24 HR ays Hours Min.
(00. USUAL OCCUPATION (Give kind of work done 10b KI) during mast of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 111. BIRTHPLACE (State or foreign coun	lry) 12. CITIZE	N OF WHAT COUNTRY
3. FATHER'S NAME	No. of any	14. MOTHER'S MAIDEN NAME	Chal	1 - c k
5. WE DECEASED EVER IN U. S. ARMED FORCES? 16. 50	GAL SECURITY NO. 17. INF	OF MED MONKland	Address Alex 3778 Gun	andria Rd
18. CAUSE OF DEATH [Enter only one couse per line of PART I. DEATH WAS CAUSED BY:	8 (o), (b), and (c).)	MyocardA	11	INTERVAL BETWEEN
Conditions, if ony which gave rise to immediate (b)	Vitorio.	st Irdusis Ja	10×1/120)	YRAXS
lying couse lost. DUE TO		U		\
PART II OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				(a) 19 WAS AUTOPS PERFORMED? YES NO N
	3E HOW INJURY OCCURRED.	. (Enter noture of injury in Port I or Part II	of item 18 }	
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJU Hour a.m. 19 While p. m. 19 dt work	_ Not while focts	CE OF INJURY (Home, farm, 20f (City or ory, street, office bldg., etc.)	tawn) (Co	unty) (State
21 I certify that (I) (this haspital) attended saw the deceased alive an 130		ath accurred a 0 30 M, from th	e causes and an the	, that (I) (we) la date stated above
22a. SIGNATURE	M	ATTENDING MED.	STAFF PHYS -	SD (L) 226 DATE SIGNE
27c PHYSICIAN'S NAME (Type)	4)(2010	22d. ADDRESS	10x v-1	And Conf
30 BUR AL CREMATION 236 DATE THEREOF REMOVAL ISPORTS 10/4/61	Chester Cen		N (City, layn, or county)	(Stote)
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wash	D. C. 250 REC'D BY REGISTRA	R 256, REGISTRAR'S SIGN	NATURE
he S.H. Hines Co. 2901	luth St. N.V	DATE OCT 3 '61	Chilling S. to	Latte



MARYLAND STATE DEPARTMENT OF HEALTH

10651 CERTIFICAT	E OF DEATH	10445
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institute	on: Residence before egimission
a. COUNTY	e. STATE b. COUNTY	√
Montgomery MARYLAND	Virginia_ Ar	clington
b. CITY OR TOWN (if outs de corporete l'mits, c. LENGTH OF STAY IN 16 write RURAL and g ve nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	L end give nearest town)
Bethesda 38 days	Arlington	43 X
d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENC
The Clinical Conton Bothoods 11 Md	5922 North 14th Street	ON A FARM
The Clinical Center, Bethesda 14, Md.		
3. NAME OF First Middle DECEASED	Lesi 4. DATE Month OF	Day Year
(Type or print) Maryjane Anderson	Saunders DEATH September	30 19 61
	B, DATE OF BIRTH 9. AGE In yeers of UNI	PERTYEAR IF UNDER 24 HRS
	last birthdey) Month	ns Deys Hours Min.
Female White WIDOWED DIVORCED	May 6, 1915 46 vs.	
1De. USUAL OCCUPATION (Give xind of work done during most of working life, even if relired)	RY, 11. BIRTHPLACE (County & Stelle, or foreign country) 12.	CITIZEN OF WHAT COUNTR
Legal Secretary Legal	Massachusetts	U.S.A.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	O em em e
10+ (21116)5-0 1423/19	14. MOTHER 3 MAIDEN TAINE	
Thomas D. Murray	Barbara Carr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT The Medical Record	
(Yas, no, or unkown) (liyesgive war or dates of service)		27 20 2
_No , 030-09-2198 The	e Clinical Center, Bethesda 11	, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b], and (c).		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	- to Favoure	(10 0534 h
X DUE TO	+ 9+	
Conditions, if eny, which (b) Waccapead	melantatic cancinomo	- 1 Mean
geve rise to immediate cause	- 1 Ruma le	ies).
(e), stating the underlying Duc 10		111/ 7 17

couse lost. PART II. OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RE

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of from 18.)

2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20c. TIME OF INJURY Month, Day, Yeer Hour e.m.

p.m.

While Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from AUGUST. 23....., 1961, to Sept. 30....., 19.61 that (I) (we) last

20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 1 factory, street, office bidg., etc.)

20f. (City or town)

Clinical

(County)

(Stete)

226. DATE

Md.

(Stete)

National

SIGNED

PERFORMED? NO

saw the deceased alive on... 22e. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

CERTIFICATION

...19. $6\overline{ t L}$, and that death occured at 1.000M from the causes and on the date stated above.

ATTENDING PHYS. M.D. 22d, ADDRESS

DIRECTOR

PHYS.

Center.

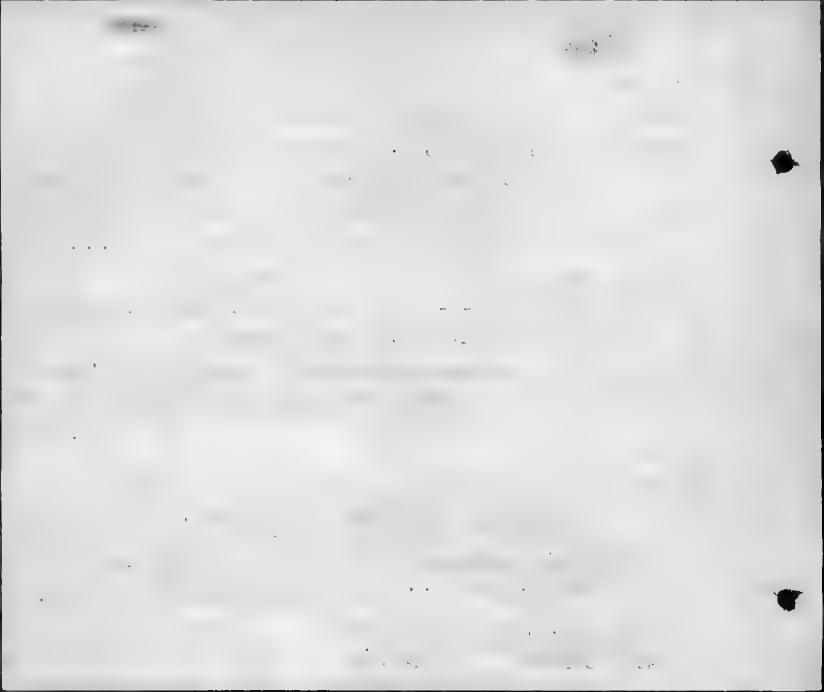
Robert H. of Health, Bethesda 14. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 3, 1961 Columbia Gardens Arlington, Virgi

2847 Wilson Blvd. Home, Arlington, Va/

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE

VR A15 (4) 15M 9/60



DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 7 USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY MARYLAND b. CITY OR TOWN (it outs de corporete/), mils. LENGTH OF STAY IN 16 d NAME OF HOSPITAL OR INSTITLT d STREET ADDRESS YES NO 1 3. NAME OF 4. DATE Month Dev DECEASED OF (Type or print) (... DEATH 1961 5. SEX #8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. MARRIED NEVER MARRIED lest b rthday) Davs WIDOWED [DIVORCED 10a. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Jacker 13. FATHER S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or upkown) | (If yes give war or dates of service) 6408 18. CAUSE OF DEATH [Enter only one ceuse per ine for e], (b), end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), sleting the underlying ceusa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0)1 19. WAS AUTOPSY PERFORMED? NO I Y105C 12V07 205. DESCR &E HOW INJURY OCCURED, [Enter nature of Injury in Pert Lor Part II of I'em 18.] 206. ACCIDENT WAS UNDERLYING JOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 1 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Haur e.m. at work at work p.m. 21 I certify that (I) (this hospital) attended the deceased from CC/1 19.13 to 12.60 J. (D., 1966), that (1) (we) last ...19.1.1., and that death occurred ab. 1.17 hyom the causes and on the date stated above. 228 SIGNA NURE DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. PHYSICIAN S 22d ADDRESS 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) \$ B BALTIMORE UNITED CEM. BURIAL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) arthur S. France 15M 9/60

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FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Montgomery by the and 2 death. MARYLAND b. C.TY OR TOWN (if outs de corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give necrest town) write RURAL end give neerest town) 12 Davs Bethesda Everett 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) Filled d. STREET ADDRESS ON A FARM? The Clinical Center, Bethesda 14, M.d. Street Lawrence letery 3. NAME OF DATE DECEASED COMP 61 (Type or print) Evelyn Schwartz DEATH September None 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) pue White DIVORCED Female WIDOWED 10e. USUAL OCCUPATION (G ve kind of work 106, KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Massachusettes Housewife None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Mollie Feldman Barnett Gerson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECUR TY NO. 17. INFORMANT THE MEDICAL RECADINGS (Yas, no or unkown) (lifyesgive werordeles of service) Umascertainable The Clinical Center, Bethesda lh. Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), end (c).] Immediate Postoperative Cardiac Arrest PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Hyperparathyroidism Years Neck and Media-stinal Exploration (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 호 (County) 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) Not While While Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from September 13,19.61 to September 259.61 that (I) (we) last saw the deceased alive on September 25 49 61, and that death occurred at 20 pm from the causes and on the date stated above. 22a. SIGNATURE 9-26-61 IGNED DIRECTOR PHYS. M.D. Clinical Center National 228. ADDRESS 22c. PHYSICIAN'S JR., Institutes Of Health, Bethesda 14, Md. 23d, LOCATION (City, town or county) (Stata) 236. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 9/28/61 0 Liberty Progressive Com. Burial Everett. 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADORESS FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE Obilly & House

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

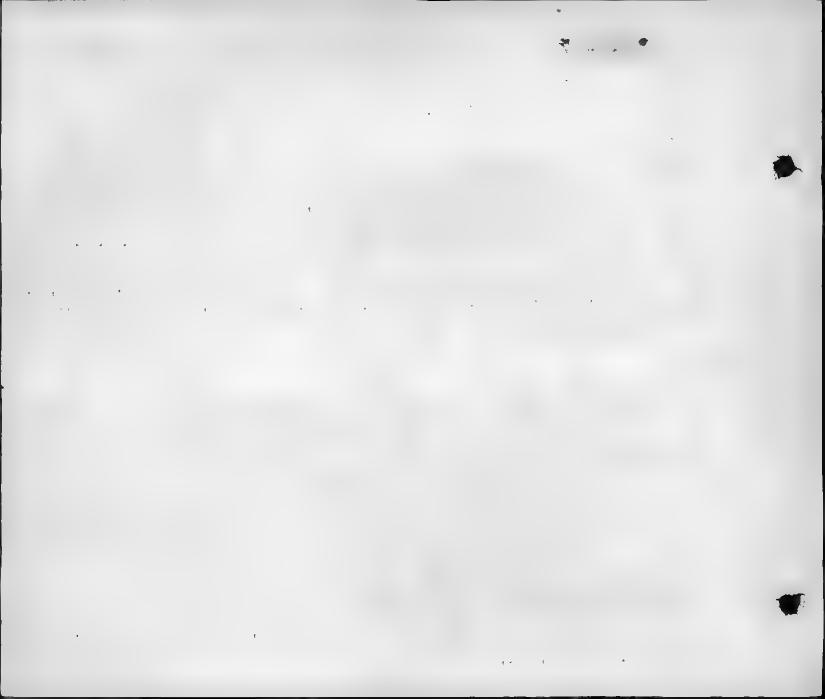
Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transif permit. Then please remove carbon papers. Pages 1 and 2 should be attached for use as the burial grant of the product of the first of the first

DIVISION OF SEATISTICS	CHAND PROPER SALES PROPERTY OF REALIN	IMARE A MARKETTA
DIVISION OF STATISTICAL RESEAR		IMORE 1, MARYLAND
10454	CERTIFICATE OF DEATH	10448
PLACE OF DEATH COUNTY MONT TOME TY	2. USUAL RESIDENCE (Where deceased by a state Maryland	ed, finst tulion, Residence before edmission) COUNTY 140 The BOTHS TY
b. CITY OR TOWN (if outs de corporete) mits, write RURAL and give geerest town)	c. LENGTH OF STAY IN 36 c. CITY OR TOWN [IF outs de corporete limits Be the sda	
d NAME OF HOSPITAL OR INSTITUTION (1 rol in hosp to	d STREET ADDRESS 107 Gladwyt:e Cot	o. is residence on a farm? urt yes \(\text{ NO } \(\text{ S} \)
3. NAME OF DECEASED [Type or proj] ERNST	(None) SCHWARZ OF DEATH SO	PpT. 23 1961
5. SEX Male 6. COLOR OR RACE 7. MARRIED White WIDOWED	1 1880 1 Thirth	ybers .FUNDER 1 YEAR IF UNDER 24 HRS.
dona during most of working life, even if retired) ZOOLOGIST 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	II.S. Naturalized
Julius Schwarz	Emily Nussbaum	
Conditions, if any, which gave rise to immed ate ceuse [a), steting the underlying OUE TO CAR COURT II. OTHER SIGNIFICANT CONDITIONS CONTR	Level Ausufficiency Rodic Pyelo Nephritis + Reval A	N GIVÊN IN ART 1(a 19. WAS ALTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER), 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJ	JURY OCCURRED , 20%, PLACE OF INJURY (Home, ferm, ; 201. (City or town)	(County) (State)
Hour m.m. While at work	Not While set work street, office bidg., etc.)	
21. I certify that (I) (this hospital) attended saw the deceased alive on 2. Sept. 220. SIGNATURE 15. Mac Gregory NAME Vivyel J.B. NacGregory.	1961, and that death occured at M. M., from the call to the call t	22b. DATE SIGNED
REMOVAL (Specify)		George Co., Md.
24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHRTY	Bethesda, Md. 256. REC'D BY REGISTRAR 251	b. REGISTRAR'S SIGNATURE

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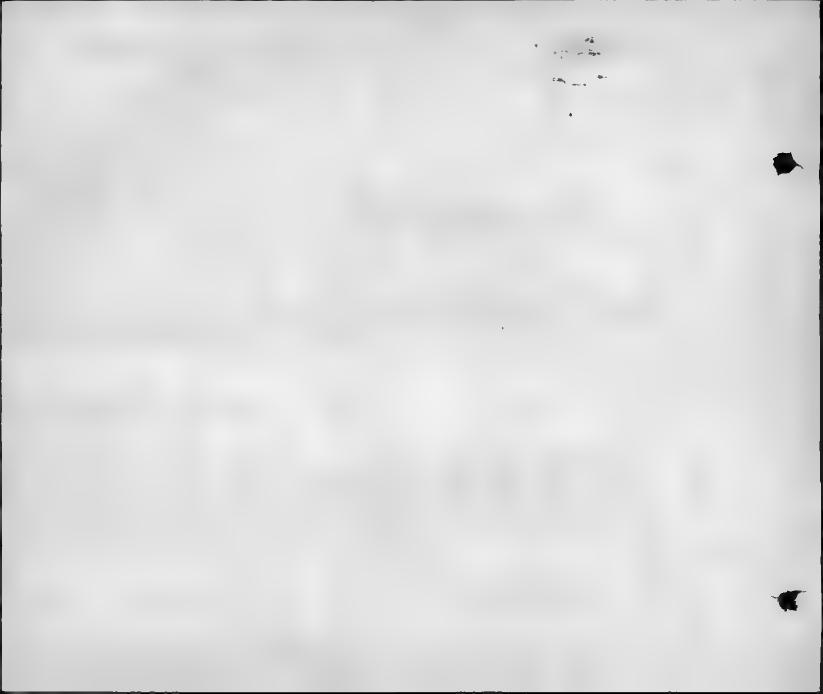
Page 4	irector, ed with	
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hours offe	ond 2 sho	
J within 23	s. Poges I	,
e executed	ond camp bon paper	er death.
ertificate t	physicion emove cor	Pour aff
he death a	e attending en pleose r	the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death.
ires that t	ned by the sermit. Th	in any ever
e low requ	physician. 3s been sig al-transit p	aval, and i
ICIAN: Th	attending printing the the buring the buring	an, ar rem
ING PHYS	ospital or of fter this ce of for use o	al, crematic
R ATTEND	d by the horsest A. S. CTOR: A. be detache	ar ta buric
10 1	JEMAL DIR	ıgistrar pri
TO HC	may gined by the hospital or attending physicion. TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filter in by the funeral director. To FUNEXAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filter in by the funeral director.	# # # # # # # # # # # # # # # # # # #
i	SM 9/55	,

	1065	K		CERTIF	IC/	ATE OF D	DEATH			Rog. P		40	
	1. PLACE OF DEATH o. COUNTY MONT'G					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND MONTGOMERY							
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) SILVER SPRING			c. LENGTH OF STAY IN 16 c. CITY OR TOW 12 yrs. SILVER S				OWN (If autside carporate limits, write RURAL and give nearest town) SPRING)
	d. NAME OF HOSPITAL (III OR INSTITUTION 4525 RANDOLP		e street ad			d STREET A		H ROA	n/				FARM?
	3. NAME OF DECEASED (Type or print) FRI	First TZ EMORY	SCHWI	Middle EI KERT		Las	ı	4. DATE OF DEATH	Mon SEPTEMBI		De	•	Year 1961
			MARRIE VIDOWED	DEVER MARRIED DIVORCED		B. DATE OF BIRTI	н б , 1 89	_	9. AGE (In years tast birthday) 64 yrs.	IF UNDE		Hours	R 24 HRS. Min.
)	100 USUAL OCCUPATION (G during most of working li Photo finishe 13. FATHER'S NAME LOSIS SCHWEI	ife, even if retired) r (retire					North MAIDEN N	Caro		12. C	ITIZEN C	A.	COUNTRY
	15. WAS DECEASED EVER IN	U. S. ARMED FORCE gave wer or detect of serv	(e)	77-36-3874	١	NFORMANT			Add ERT_4525				IG,MD.
	Canditions, if any, very gave rise to immediate to immediate (o), stating the unity lying cause last.	DUE TO which (b)_ diate (CAUSE (a)_	C	hroni	<u>_</u>	My	3 00	e.	litis				
And a	STIC	IDERLYING [] (2)		INTRIBUTING TO DEAT						EN IN PA	.RT 1(o) 1	PERFO	AUTOPSY RMED?
	20c. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF ENDING CONTRIBUTION OF CONTRIBUTI	ICAL EXAMINER)	20d. INJ While at wark	Not while	70e. PL 10	ACE OF INJURY (clary, street, affice	Hame, form, e bidg., etc.	20f (City	or town)		(Caunty)		(State)
	21. I certify that I attended the deceased from 19 5, 19 to 9-2 196/, that I lost saw the deceased alive an 9-2 196/, and that death occurred at 8 3 M, from the causes and an the date stated above ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE (M.D. GALTHERS BUNG M.D. GALTHERS BUNG MADE SIGNATURE (M.D. GALTHERS BUNG M.D. GALTHERS BUNG MADE SIGNATURE)												
	220. BURIAL, CREMATION, 2 REMOVAL (Specify) POTR TAT.	226 DATE THEREOF		22c. NAME OF CEMET			eaMizilie		TION (City, town, o			(Stat	•)
	23 FINNERAL DIRECTORS SIC	HATURECL,	ر (\$1	LVER SPRIN			240. REC'E	SEP 2 S	101	STRAR'S S	IGNATU	_	



CERTIFICATE OF DEATH Rega Dist. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNT b. COUNTY MARYLAND ONTGOME ONTO b. CITY OR TOWN (If outside corporate limits, write uneral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) þe RURAL and give negrest town should IAKOMA d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? PAYFIEL YES NO T NAME OF 4. DATE OF DEATH Middle Manth Day Year DECEASED (Type or print) 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last builhday) Months Davs Hours WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USSIA ENGINEERING 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOW OLLIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY. Hneumonia da **DUE TO** gallinsons Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the under-Arteriosclerosis lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy. 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or tawn) (County) (Slate) factory, street, office bldg., etc.) O. M. While Nat while at work of work 21 I certify that I attended the deceased fram, 1961, that I last saw the deceased and that death accurred at 2 Fo M, from the causes and an the date stated above. alive an_. ADDRESS (Street, city or town, state) DATÉ SIGNED ACTUAL SIGNATURE 00 PHYSICIAN'S Ua-shi NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Giry) tawn, or county) (Stote) REMOVAL-(Specify) (FLINERAL DIRECTOR'S SIGNAPLIKE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) aring S. Krous 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH erol director, be filed with 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before PLACE OF DEATH a. COUNTY MARYLAND funeral or OR TOWN (If ay's de carparate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give neadest town). d. STREET ADDRESS d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FORREST 20 NAME OF DATE OF filled DECEASED DEATH Poges death. (Type ar print) 9 AGE In years 5. SEX 6. COLOR OR BACE 7 MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 1005 lost birthday) DIVORCED [WIDOWED KIK during most of working life, even if retired) SCOTIA JURSE NOVA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. & ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions if ony, which signed gave rise to immediate DUE TO cause (a), stating the underlying couse lost -fronsit been 11 20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW DATURY OCCURRED (Entertrature of injury in Part I or Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED factory street, office bldg , etc.) Hour o.m. Nat while at work of work 21 I certify that (I) (this haspital) attended the deceased from saw the deceased olive on-8 220 SIGNATURE ATTENDING PHYS DIRECTOR MD 22c PHYSICIAN'S NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION, 23b DATE THEREOF LOCATION (City REMOVAL (Specify) EMETERL REMATION 0 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR USI I PERCHA AVE FUNERAL Calhung & Hears

IARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

b. COUNTY NON TACHERY

IS RESIDENCE

ON A FARM? YES NO

Month Year 196/ IF JNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

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Address BUI FORREST GIEN KO

INTERVAL BETWEEN

PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY

PERFORMED? YES NOT

(County) (State)

1961, to . 1961, that (1) (we) lost 19 GT, and that death accurred at ____ M, from the couses and on the date stated above

> 226 DATE SIGNED

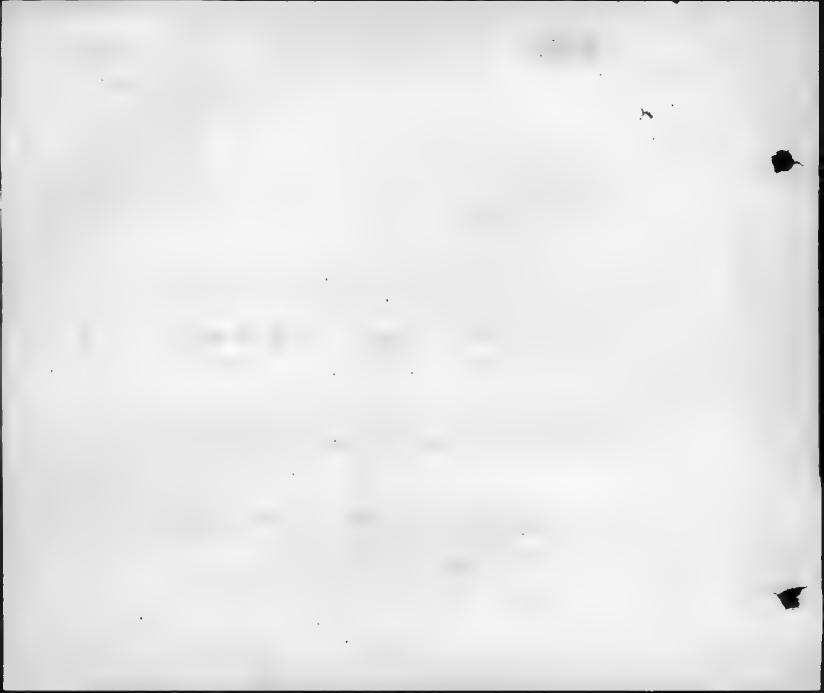
(State) SUITLAND, MARYLAND

WASHINGTON, D.C.

DATE

25b REGISTRAR'S SIGNATURE

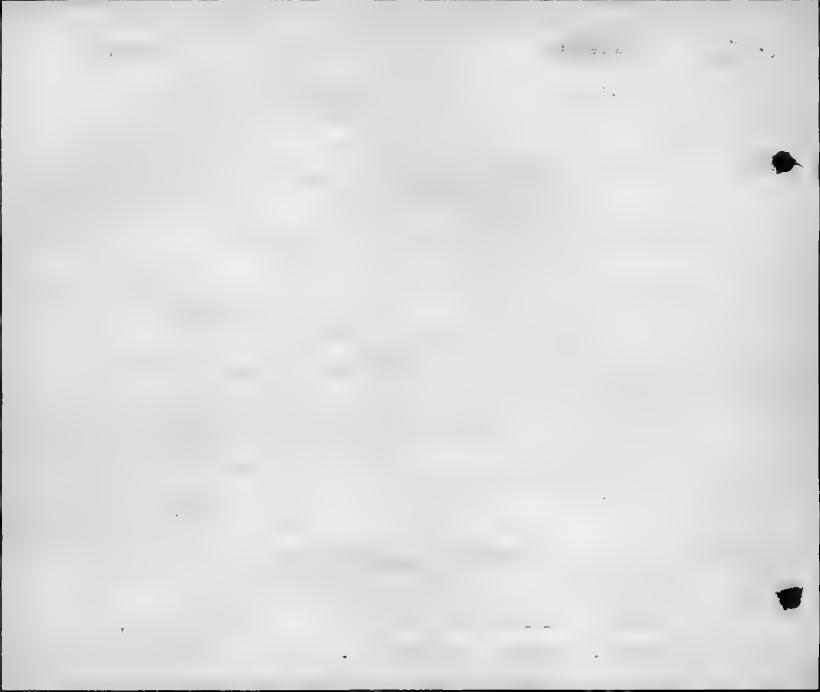
VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1/2. USUAL RESIDENCE (Where dazaesed fived, it institution, Rasidence before edm ss on) Mirm-G247 I. PLACE OF DEATH B. COUNTY Montgomery
b. City OR TOWN jif outs de corporare I m is, MARYLAND Maryland Montgomery
c. CITY OR TOWN (if outside corpore la limits, write RURAL end give nearast town) c. LENGTH OF STAY IN 15 write RURAL end give neerest town) Wheaton Wheaton Pages ed d. NAME OF HOSPITAL OR INSTITUTION (if not in haspite, give street address) d STREET ADDRESS a. IS RES DENCE ON A FARM? Harvard Street YES NO V Harvard 3. NAME OF paper n 72 h Middle 4. DATE Yaar DECEASED OF (Type or print) Cecilia DEATH Sherman Sept. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years off Ut KI YEAR) IF UNDER 24 HRS last birthday) Months I Day House Female WIDOWED TO DIVORCED | Sept. 1884 76/15. 10e. JSUAL OCCUPATION (Giva kind of work ove 10b. K ND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE [County & State, or loreign country] 1 12. CITIZEN OF WHAT COUNTRY? done during most of working tifa, even it ratired) Housewife Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas F. Higgins Margaret E. Dublin ᆲ 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIA, SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yes giva war or dates of sarvice) Unknown John W. Sherman-son-same 2d 18. CAUSE OF DEATH [Enter only one cause per | ne for (e), ,bl, and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immadiate ceuse **DUE TO** (a), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO IF 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part f or Part II of Itam 18.) E 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm. 20t. IC ty or town! (County) (State) While Not While factory, strast, office bldg., atc.] Hour e.m. et work I et work o.m. refain TOB: 21. I certify that (I) (this hospital) attended the deceased from ... DIRECTO 190 /. that (1) (we) last saw the deceased alive on. 22e. SIGNATU ATTENDING DIRECTOR PHYS. PHY5. FUNERAL 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) George H. Mitchell M.D. 10620 Georgia Avenue, Silver Spring, 23a, BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOVAL (Spacify) OFB Burial 16/61 St. John Cemetery Geistown, Pennsylvania 250 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) SEP 1 8 '61 15M 9/60 Bethesda, Maryland Robert A. Pumphrey DATE

ARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased I vad, If just tution; Residence before admiss o b. COUNTY by the and 2 death. MARYLAND TOWN (If outs de corporata limits, write RURAL and give nearest town) a. 15 RESIDENCE papers. Pag n 72 hours ON A FARM? YES NO NAME OF Last 4. DATE Day DECEASED OF comple (Typa or print) DEATH 19 (within 5. SEX IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR last birthday! Months Days Hours WIDOWED death certificate USUAL OCCUPATION IGIVA 12, CITIZEN OF WHAT COUNTRY? done-during most of working rife 13. FATHER'S NAME 16. SOCIAL SECURITY NO. | 17. (Yas, no, or unkown, (If yasgivawar or datas of service) 18. CAUSE OF DEATH [Enter on y one causa per I na for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) do Conditions, if any, which gava risa to immadiate causa DUE TO (a), stating the underlying cause last. PART H, OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO use prior CERTIFI 20b. DESCRIBE HOW INJURY OCCURED, lEnter natura of injury in Part I or Part I, of Item 18. 20s. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, 20f. (City or fown) [County] (Stata) factory, streat, office bldg., atc.) Wh Ia Not Whila Hour a.m. at work at work e m. ..., 19.67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. (L, and that death occured at M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURI ATTENDING SIGNED PHYS DIRECTOR PHYS. 22d. ADDRESS 86 director, 1 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Spacify) Calvary Cemetery 0 Berrien County, Indiana Burlal 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 [4] Bethesda, Md. 15M 9/60 DATE SEP 7 Culling & Krays



STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If a. CQUNTY Dauphin Montgomery by the and 2 MARYLAND death. b. CITY OR TOWN (if ourside corporate limits, LENGTH OF STAY N 16 c CITY OR TOWN (If outs de corporate I m'ts, write RURAL and give nearest town) write RURAL and give nearest town) after Days Harrisburg Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3612 Kramer Street The Clinical Center YES NO 3. NAME OF Middle Day DECEASED OF 1961 SKELLY September 15 **JOHN** KORMAN (Type or print) DEATH carbon with 5. SEX 6 COLOR OR RACE 7. MARR ED THEYER MARRIED 9. AGE (In years) F UNDER 1 YEAR! IF UNDER 24 HRS. last birthday} Months November 28, Male W DOWED I 10s. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Child **Fennsylvania** None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please William C. Skelly Marian Korman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOC AL SECURITY NO The Medical Retord 17 INFORMANT (Yes, no, or unkown) (If yes givewar or dates of service) The Clinical Center, Bethesda 1h, Maryland 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEAT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (61 gave rise to immediate cause DUE TO (a), stating the underlying certificate ha PART IL OTHER SIGNIFICANT CONDITIONS CONTR.BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of plury in Part I or Part II of tham 18.) 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY (County) (State) Month, Day, Year factory, street, office bidg . etc.) Not While Waile Hour a.m. at work at work 21. I certify that (I) (this hospitar) attended the deceased from June. 11,, 19..61 to .. September 15..61 that (I) (we) last19.61, and that death occurred al:05RMfrom the causes and on the date stated above. saw the deceased alive on Septa...15. 225. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S The Clinical Center, National NAME (Type) Mamvin Lewis director, of Health, Bethesda lin, Md. NAME OF CEMETERY OF CREMATORY BURIAL, CREMATION, | 23b. DATE THEREOF ast Harrysburg Harrisbura 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Harrisburg 15M 9/60

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DIRECTOR:

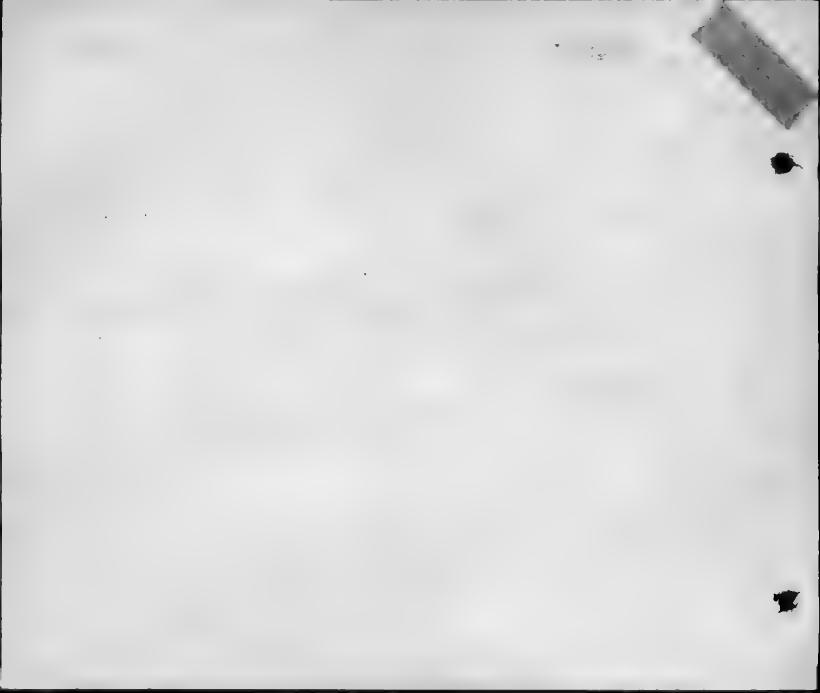
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF I 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) A. COUNTY a. STATE b. COUNTY MARYLAND b City OR TOWN (fourside corporate l.m ts, write BUB-1 and give nearest town) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give newest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NO 4. DATE DECEASED OF (Type or print) DEATH 196/ 7. MARRIED. NEVER MARRIED 8. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS Months Days WIDOWER e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? (Stelle or fore.gn country) sone during most of working life, even if reffred) Infant pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyesgive werordetes of service) None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO blucks ro **DUF TO** 100 (a), stating the underlying Examiner cause led. (c) PART II. OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 9] 19 WAS AUTOPSY Medical Ex should be i PERFORMED? WOL CERTIFICA NO 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED [Enler nature of injury in Part I or Part II of Item 18.) ing the PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. Chief age 3 : 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY age Month, Day, Year (County) (State) 2 fectory, street, office bldg., etc.) While Not While Hour e.m. # # ... prior et work el work 50 ## 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 📈 Inquiry 🔣 and in my opinion forwarded I the certif death resulted from: Natural causes V Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED execute be fo SIGNATURE should | Address (Street, city, town or county) 226. BURIAL, CREMATION. 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1 22d LOCATION (City lown, or country) (State REMOVAL (Specify) ±40 ₽ Buri al Cemetery Galthersburg Plans Forest 23. FUNERAL DIRECTOR VS A15ME Bethesda, Maryland Pumphrey 5M 9 60

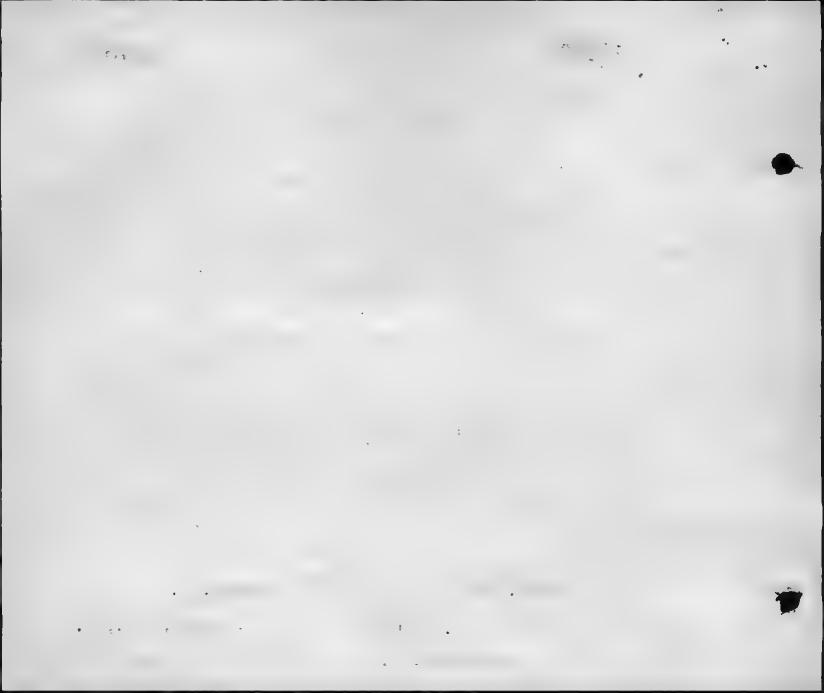
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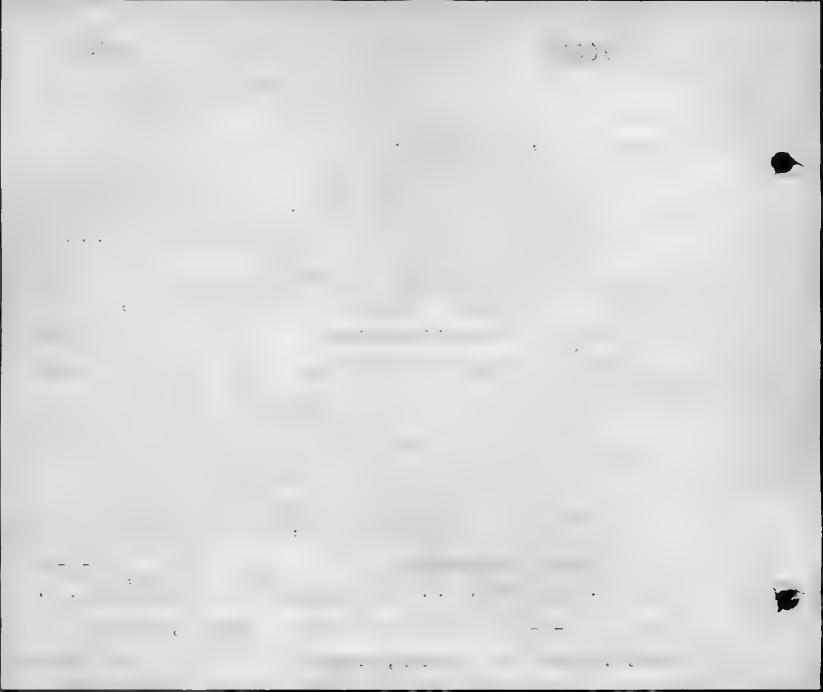
W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH PLACE OF DI c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? 3. NAME OF DECEASED (Type or print) IF UNDER I YEAR JE UNDER 24 HRS. On. JSUAL OCCUPAT ON (GIVE kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avanul retired) ARMED FORCES? | 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Entar only one cause per line for (a. ,b., and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ROMCHOPNEUMONIA IMMED ATE CAUSE (a) DUE TO gava risa to immadiata causa DUE TO (a), stating the underlying PART I. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY PERFORMED? Kight Dine 4000 C town AND Morzo place 1200. DESCRIBE HOW NIVRY OCCURED LEAVER DESIGN OF FOR IT OF 10th 18 OR CONTRIBUTING CAUSE OF PEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f (City or lown) Month, Day, Yaar (County) (Stata) 20c. TIME OF INJURY factory, street, office bldg., etc.) Whila Not While at work at work 21 I certify that (I) (this hosp'tal) attended the deceased from. . saw the deceased alive on............. ATTENDING 22b. DATE 22a S GNATURE SIGNED DIRECTOR 3 M.D. PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Rockville. Md. Stephen N. Jones 1 23d LOCATION (City, town or county) 238. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Nr. Redland, Mont., Md. 0 Burial St. Luke's 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE 8EP 2 9 '61 Szarber Laytonsville, Md. 15M 9/60 Orthon of House

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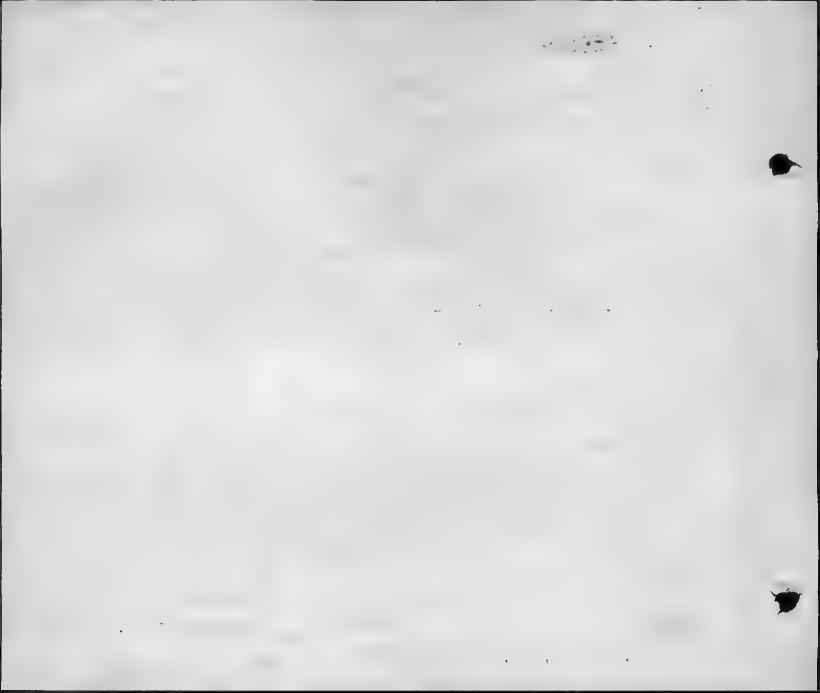
RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admission) e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give secrest (qvin) c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I m ts, write RURAL and give negrest town) for your Board of H ack d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .. IS RESIDENCE ON A FARM? 1708 YES NO K 3. NAME OF Yest DECEASED (Type or print) DEATH COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (If years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED DIVORCED 58 மகுக் 10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY done dering most of working life, avan if retired) Wholesale ve Pages PM3. Pa pages I within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Give WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT with for (Yds. ho, or unkown) (Ifyesgivewerordatesofservice) 577-03-9108. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. pug IMMEDIATE CAUSE (a) removal, UXXX DUE TO Conditions, if any, which gave rise to immediate cause vs r0 DUE TO (e), steting the underlying used cause last. cremation, PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY 8 PERFORMED? word Chief Medical Eage 3 should be to burial, cremat NO N 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Page 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While _Not While factory, street, office bldg., etc.) Hour a.m. the prior et work et work execute the certificate, 50 F. F. 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry X and in my opinion forwarded to L. DIRECTC Insted Egent, p Natural causes death resulted from. Accident [Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S Address (Straet, city, town or county) 22a, BUR, AL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 P & Cedar Hill Mausoleum Prince George's Co. Maryland ADDRESS 24a REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE AISME 34 Georgia Avenue DATE SEP 2-0 161 Mary arthur S. Kross



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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burial, cremation,

MEDICAL

OF DEATH Y OR TOWN (If outside corporate limits, write (AL and give nearest town) อัส นิย

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CERTIFICATE OF DEATH MARYLAND

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. countont genery wn)

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d. STREET ADDRESS				e IS RE
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LITT OR TOWN (IT O	niside carpotote il	imits, write KC	JKAL ond	Bive nearest to.

	OR INSTITUTION	estern Av	ve street oddress)		4852 West	ern .	Ave.,		<u> </u>		PARM?
3.	NAME OF DECEASED (Type or print)	Firs May	1	Middle B •	Stratton	4. DATE OF DEATH	Mont 9-		24-		19 61
	Sex Peural e	Mite	7 MARRIED [] WIDOWED []	DIVORCED [8. date of birth 12–23–1877		9 AGE (In years last birthdoy) GO yrs.	Months	Days	Hours	R 24 HRS Min
110	during most of worki	ng life, even if retired)	ane 10b. KIND O	F BUSINESS OR INDU	Dist. o	or foreign o	_ ''	12 CI1	IZEN OF	WHATC	OUNTRY?
13	. FATHER'S NAME				14. MOTHER'S MAIDEN N	AMF	· ·				

THE PARTY OF TAXABLE PARTY.				
FATHER'S NAME	14.	MOTHER'S	MAIDEN	NAME
Unknown	U:	nkown		

c LENGTH OF STAY IN 16

Unkown 17 INFORMANT

Address Leonard S. Stratton. 4852 Western Ave

	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY Respiratory Failure	15 minut
	332× DUE TO	
	Conditions, if ony, which to Cerepral Thrombosis	2 monThs
	tying couse last. DUE TO Conversion ATheroscle-rown + hype-transion	15 yes.
ATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Congression for heart factories	I(a) 19 WAS AJTOPSY PERFORMED? YES NO
CERTIFIC	200. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	

200. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED o. m While Not while at work of work

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.

20e. PLACE OF INJURY (Home form. 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

(State)

l	21	1	cer	tify	that	(1)	(this	hospital)	gttended	the	deceased	fram
ı	so	w	the	de	cease	a d	alive	an.	/ 23	_19	6/ and	that de

19 61, that (I) (we) last PM, from the causes and an the date stated above. oth accurred of SIGNED

Machine	αм
NAME (Type) S. A. Thomas MO.	

ATTENDING PHYS 487 St. NW. Whinghon D

23d, LOCATION (City, town, or county)

230 BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR CREM
REMOVAL (Specify)	9-24-1961	Glenwood Game
24 FUNERAL DIRECTOR'S S	IGNATURE INC.	1756-la. ave. n.w.
// 		

Y OR CREMATORY

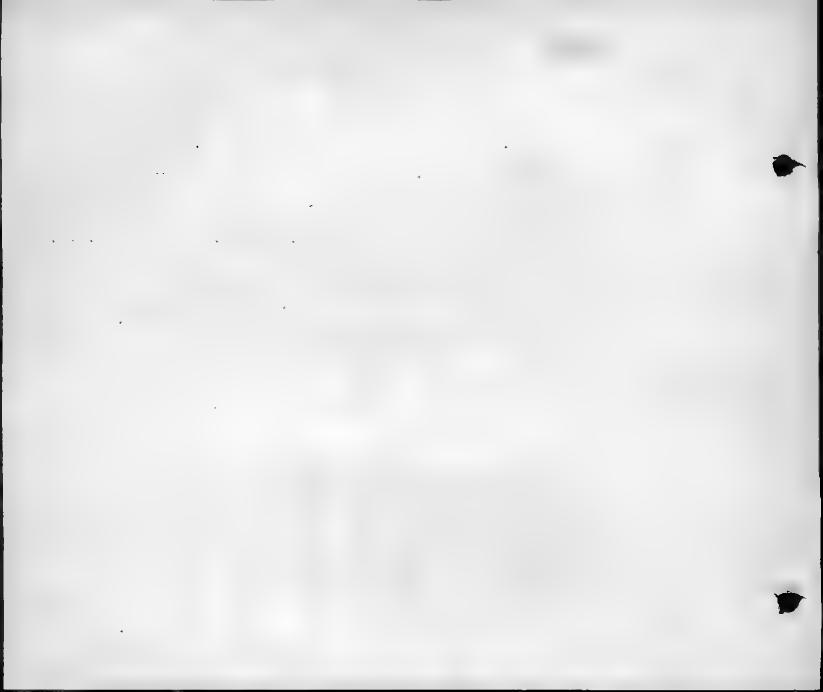
256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR

arihar S. Kraus

ALOR A TENDIN PHYSICIAN: The law requires that the double mentificate be exacuted within? may evined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. page 3 should be detached for the State Board of Health prior VR A15 (4) 1SM 9/59

the



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY Montgomery MARYL b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY write RURAL and give nearest town) Bethesda 14 hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address Suburban Hospital 3. NAME OF Middle DECEASED [Type or print] F. Timothy 6. COLOR OR RACE T. MARRIED 5. SEX NEVER MARRIED W DOWED X DIVORCED Male TDe. USUAL OCCUPATION (Give kind of work Marine & Aviat City of New Y done during most of working life, even if retired) Retired-Deck Hand 13. FATHER'S NAME

16. SOC, AL SECURITY NO

206. DESCRIBE HOW INJURY O

2Dd. INJURY OCCURRED

altended the deceased

Not While

at work

23c. NAME OF CEN

8434 Georgia Avenue

St. Peter

Pumphrey. Inc. Silver Spring. Maryland

While

nt work

for (e), (b) and (c)

James J. Sullivan

18 CAUSE OF DEATH [Enter only one cause per

IMMEDIATE CAUSE (+)

DUE TO

DUE TO

Month, Day, Year

19

WILLIAM D. AUD

9/26/6]

PART II. OTHER SIGNIF, CANT CONDITIONS CONTR BUTING TO DEATH

15. WAS DECEASED EVER IN U.S ARMED FORCES?

Yes, no, or unkown) (flyesgivewerordelesofservice)

PART I DEATH WAS CAUSED BY

gava risa lo immadiate causa

(a), steting the undarlying

20c. TIME OF INJURY

22e. SIGNATURI

22c. PHYSICIAN'S NAME (Typa)

REMOVAL (Specify)

Burial-T ansit

24 FUNERAL DIRECTORIS

Hour a.m.

p.m.

2Da ACCIDENT WAS UNDERLYING |

OR CONTRIBUTING THE CAUSE OF DEATH

21. I certify that (I) (this hospital) saw the deceased alive on.

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

CERTIFICATION

MEDICAL

	VCE (Whare deceased I ved,		defote edmiss on)
a. STATE MAT	yland b, co		OME
N 16 c. CITY OR TOWN	YLand (If outside corporate limits, wi	rita RURAL and g'va re-	rest fown)
1 2 613	C .		
STREET ADDRESS	ver Spring		B TS RESIDENCE
a sincer Application		1	ON A FARM?
641	Sligo Avenue		YES HO X
Last	4. DATE Moi	nth Day	Year
Sullivan	DEATH Set	ot. 22	19 61
B. DATE OF BIRTH	.9. AGE (In yee.	IS HE UNDER TYEAR H	
9/14/1895	66 yrs.	Months Days	Hours Min
_ , , , , , , , , , , , , , , , , , , ,	inty & State, or foreign countr	VI 12. CITIZEN OF	WHAT COUNTRY?
lon			
			A
14. MOTHER'S MAIDEN	NAME		
Bridgit K	elly		
17. INFORMANT	Addre	783	
Margaret Sull	ivan (daughter	r) same as	above
		INTER	VAL BETWEEN
Derma	anne Fra	ONSE	T AND DEATH
	ensetun		
.0 . 1/	1	7-7)	7
he insuff	cecen (unin	medie i	· · · · · · · · · · · · · · · · · · ·
//	1		
BUT NOT RELATED TO THE TERM	INAL D SEASE CONDITION G	.VEN IN PART 1,8) 19.	
devois		YE	PERFORMED?
CURED. (Enter nature of injury in	Part I or Part II of item 18.)		
De. PLACE OF INJURY (Home, fac	- 1 205 (City on forwar)	(County)	(Stete)
factory, street, office bldg., et	c.)	(County)	(21919)
from	1957. 10.22.	43.7. 196/, the	it (I) (v#a)- last
that death occured at.			
		·	22b, DATE
M D. ATTENDING	MED. STAFF DIRECTOR PHYS.	1 9	SIGNED
22d. ADDRESS		·/	12x161
9006 Gold	esville Road,	Silver Spr	ing Md
ETERY OR CREMATORY			
s Cemetery	Staten Islan	nd. New Yor	K _m

25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

arilar & Thous

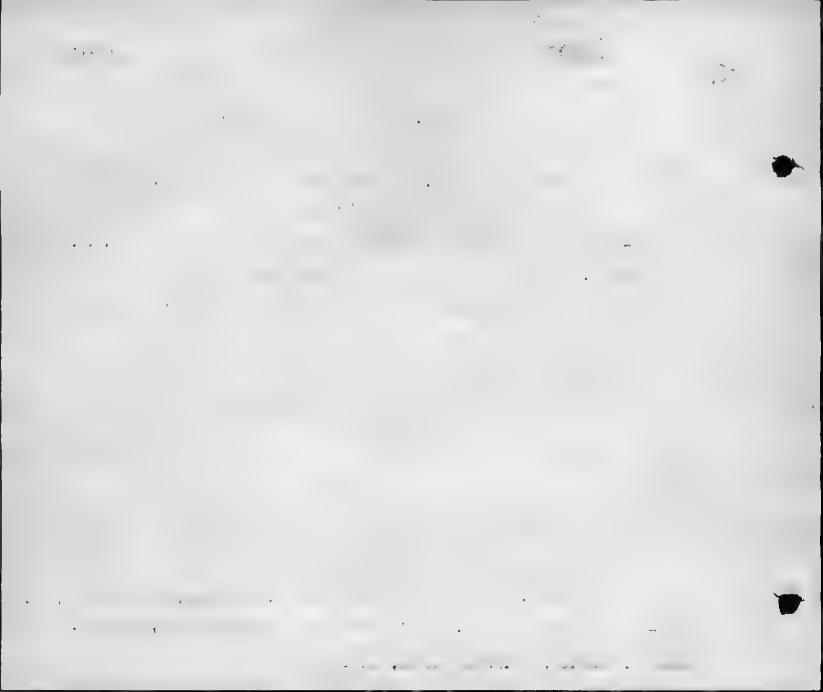
DATE SEP 2 6 '61

10400

funeral within 24 hours after by the fand 2 s after .5 ** Pages Fill ed 72 hours papers. comple The law requires that the death certificate be exec physician and co event, please .5 aftending Then FITAL ON ALLEANAINS seemed or attending physician.

Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the rector, page 3 should be detached for use as the burial-transit permit. OR TO FUNERAL
director, page
be filed with th VR A1E (4) 15M 9/60



EET, BALTIMORE 1, MARYLAND 68MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, if institution; Residence before admission) a. COUNTY b. COUNTY THENT GOLDER MARYLAND b. CITY OR TOWN if outs de comporete I m 15. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town). director. write RURAL and give nearest town) ON A FARM? 3. NAME OF DECEASED (Type or print) DEATH and 2 with the 72 hours efter MMI AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED THEYER MARRIED last birthday) Months Female. WIDOWED [DIVORCED [] 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Resturant USA 13. FATHER'S NAME pages within 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO.1 Address (Yes, no, or unkown) ((Ifyes give war or dates of service) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Впов ONSET AND DEATH PART I. DEATH WAS CAUSED BY. end days Subdural hemorrhage IMMEDIATE CAUSE (a) Office a **DUE TO** burial Conditions, if any, which Broncho-pneumonia (6) geva rise to immediate ceusa **DUE TO** (a), stating the underlying cause lest. Pulmonary embolism used PART II. OTHER S.GNIF. CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1 a) 19, WAS AUTOPSY PERFORMED? 8 YES X NO $\overline{\mathcal{D}}$ 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of In any in Part I or Part II of item 18.) Ü PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH. Fell in bathroom at home. ease execute the certificate, writing 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, stree, office bldg., atc.) While Not While Md. at work at work Hvattsville F.G. to the 1961 home :: O 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry and in my opinion ould be forwarded in UNERAL DIRECTC death resulted from. Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER Broschark Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226, DATE THEREOF 22d. TOCATION (City, lown, or country) (State) REMOVAL (Specify) Burial Ft. Lincoln 40 Colmar Manor, 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S S.GNATURE VS. A15ME F. Gasch's Sons Hyattsville, Maryland DATSEP 1 3 '61 5M 7/59 Chillier S. Home



MARYLAND STATE DEPARTMENT OF HEALTH

10469 CERTIFICATE OF DEATH 10462 10462

	. PLACE OF DEATH	Total I take	10277 2070703	2. USUAL RESIDENCE (Where		utioni Ras dence bafora admission)			
Ă.	Montgomer	v	MARYLAND	District of	Columbia	✓			
1	b. CITY OR TOWN (if	outs de corporata fimits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside of		AL and give nearest fown:			
- 1	write RURAL and s Bethesda		115 days	Washington		4 77 7			
		AL OR INSTITUTION (F not in he		d. STREET ADDRESS		O. IS RESIDENCE			
1				1007 0 1	7	ON A FARM?			
1-		al Hospital			ral Ave.,N.				
	3 NAME OF DECEASED	forst	M dd e	Lost 4. DAT OF	E Month	Day Yaar			
	(Typa or print)	Ethvl	Minn	Tassa DEA	TH Septem	ber 15 1961			
	5. SEX	6 COLOR OR RACE 7. MARRI	IED T NEVER MARRIED TIE	DATE OF BIRTH	9. AGE (In years IF U.				
	Female	Caucasian willow		12-19-93	last birthday) Moi	nths Days Hours Min.			
	10a. USUAL OCCUPATIO	DN Give kind of work 10b	KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (County & State,	or foreign country)	2. CITIZEN OF WHAT COUNTRY			
	done during most of work Housewife	ung life, even if felifaci		Ohio		USA			
-	13. FATHER'S NAME		1	14. MOTHER'S MAIDEN NAME	<u></u>				
	George Oga	ดท			, _				
} -				Adela Mopherso					
		R IN U.S. ARMED FORCES? 16 rasgivawarordatesofservice)	5. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addrass				
	No		1	Michael Tassa (H)	Same as #	2 above			
	18. CAUSE OF DE	ATH Entar only ona cause per			72	INTERVAL BETWEEN			
	PART I. DEATH	WAS CAUSED BY:	nouslive H	cart Tailur	P	ONSET AND BEATH			
	109 109	0	1	1 (
-		Conditions, If any, which I (b) Collected Vascular as a lent							
н		Conditions, If any, which (b) CULL COURT) WELLE W (LE CLICAT)							
-	(a), slating the unc	Se DUE TO							
	causa last.	(c)							
	Z PART II. OTHER S	SIGNIFICANT CONDITIONS CO	INTRIBLTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN I	PART 1(a) 19. WAS AUTOPSY			
	Ĕ					PERFORMED?			
	20a ACCIDENT WAS	S UNDERLYING F1 206 DE	SCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Part I or Pa	irt II of tam 1B.				
	PART II, OTHER S	CAUSE OF DEATH							
	20c. TIME OF INJUR	Y Month, Day, Year 20d		CE OF IN. URY (Home, farm, 20f. (City or lown)	(County) (State)			
	20c. TIME OF INJURY	Whi 10 at we	181101 1111111111111111111111111111	ory, street, office bldg., atc.)					
1			— <u> </u>	11 03 10 (1	rt . 1	345 (3.4 . 08 / 3.4			
П				. May 23 1961					
-	saw the decease	d alive onSeptember	r 15 1901, and that	death occured at 4.: OM, If	om the causes and				
	22ª SIGNATURE	~ .)	0	ATTENDING MED.	STAFF	22b. DATE SIGNED			
	112	mane-	accident w	D. PHYS. DIRECTOR	□ PHYS. ■ 15	Sept 1961			
	22c. PHYSICIAN'S	W. E. MARRAND	R. LT MC JUSN	22d. ADDRESS		•			
	NAME (Type)	L'UF CUTFRE	ES WINES	U. S. Naval H	ospital Bet	hesda, Md.			
~	23n BURIAL CREMATIO	DN, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. L	OCATION (City, town or	county) (State)			
	REMOVAL (Specify)	19 Sept 1961	Arlington Na		lington	Va.			
	Burial		ADDRESS /A		GISTRAR 256, REGISTE	RAR'S SIGNATURE			
	24 FUNERAL DIRECTOR'S		Wisconsin We,	Bethesda		21.224 - MI PAS AS SERVE			
	Robert A.	Pumphrey, (55)	WITHOUTH ANCY.	Ma. "DATEP 1 9 '	51 Circhia	& time			

• •

 $r^{\mathcal{Q}}$

TO H CHAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be exempting the fours after a death. Age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physimian and committee that the funeral difference of the death of the death.

MAI	IYLAND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF STATISTICAL RESI	ARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
10180	CERTIFICATE	OF DEATH		10100

Ħ	1.0470			10463
N	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased I	
1	Montgomery	MARYLAND		COUNTY
1	b. CITY OR TOWN (f guiside corporate timits,	c. LENGTH OF STAY IN 16	Maruland c. CITY OR TOWN (If outside corporate lim	ils, write RURAL and g ve neerest lown)
J	write RURAL and give nearest town)	6 /	C.1	
	Takoma Fark	whrs 10 min,	-Diliver Deving-	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in I	rospila., g va street address)	d. STREET ADDRESS ()	IS RES DENCE ON A FARM?
	Washington Sanitarium au	1 Hospital	301 Southwest	- Drive YES NO.
П	3. NAME OF First	Middle	Lasi 4. DATE	Month Day Year
4	DECEASED (Type or print)	Lincolh	Taylor DEATH Sep	tember 4. 1961
ı				Tyants IF UNDER I YEAR OF UNDER 24 HRS.
1	5. SEX 6. COLOR OR RACE 7. MARI	SIED SCHEVER WARRIED 1 .	IBST DIE	thday Months Days Hours Min.
	1 -1 -00 -0	WED DIVORCED F	ebruary xxxxxxx 59	yrs.
4	10a. USUAL OCCUPATION (Give kind of work 10b. done during most of working life, even if relired)	, KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE County & State, or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
		Dwn Home	Massachusetts	U.S.A.
	13. FATHER S NAME	2000	14 MOTHER'S MAIDEN NAME	1,011,071,41
	-1 1 1 1 1 1		Sadio Pina	
1	Edmand Kideout		Sadie Phipps	-
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, go, or unkown) (If yes give war or dates of sarvice)	6. SOCIAL SECURITY NO 17. I	NFORMANT	Address
ı	No.	None Wa	Shinaton Sanitarium	and Hospital Records
	18. CAUSE OF DEATH (Enter only one cause pa	or line for (a), (b), and (c).,	11	INTERVAL BEZWEEN ONSET AND BEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronary	Thrombosis	5 111
	4	1	1	7
	DUE TO	12 NO MUNICA	oratic Coronary	dispase
	Conditions, if any, which (b)	www.	d	
J	(a), stating the underlying DUE TO			
	couse last. (c)			
	PART II. OTHER SIGNIF CANT CONDITIONS C	ONTR BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIF CANT CONDITIONS CO	1) word	as melelest	YES NO Z
	200. ACCIDENT WAS UNDERLYING 1 1 205. D	ESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part I, of Itam	18.)
	206. ACCIDENT WAS UNDERLYING 206. DO CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		1 MILITAN OCCIDENT ON BLA	COMPRESSION (III.	(County) (Stata)
			CE OF INJURY (Home, farm, 201. (City or town ory, street, office bldg., etc.)	(Constal (State)
	₹ p.m. 19 at v	vork at work		
	21. I certify that (I) (this hospital) atte	ended the deceased from	1957 10 20	11 190 that (I) (we) last
			death occured at 3.5 M, from the	
	22a. SIGNATORE	The state of the s		22b. DATE
	desten	HEARIN	ATTENDING MED. STAL	SIGNED 9/4/61
	22c. PHYSICIAN'S	17-000-	22d. ADDRESS	, T 3,4,01
	NAME (Typa) Lester W. Hot	cris	507 horthur	Adm SS had
			3-7-7-00-0-00-00-00-00-00-00-00-00-00-00-	
	23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify,	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION	City, lown or county) (State)
	Burial Sart, 7.106	Arlington Nat	ional Cemetery. Arlin	gton County Va
		ADDRESS	25a. REC'D BY REGISTRAR 2	
	INC	., STITER SPRING,	MD . DASEP 6 '61	arthur & Kroug



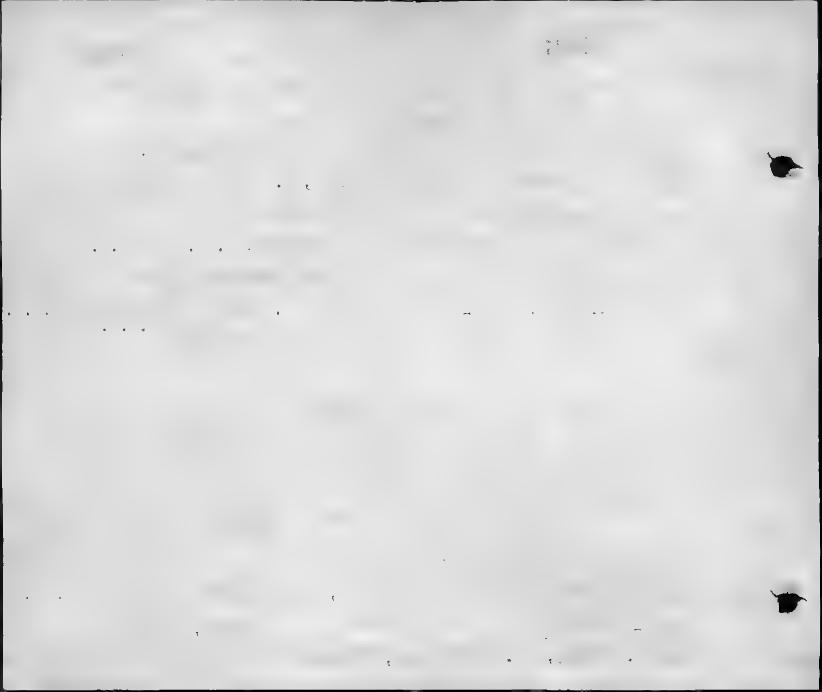
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

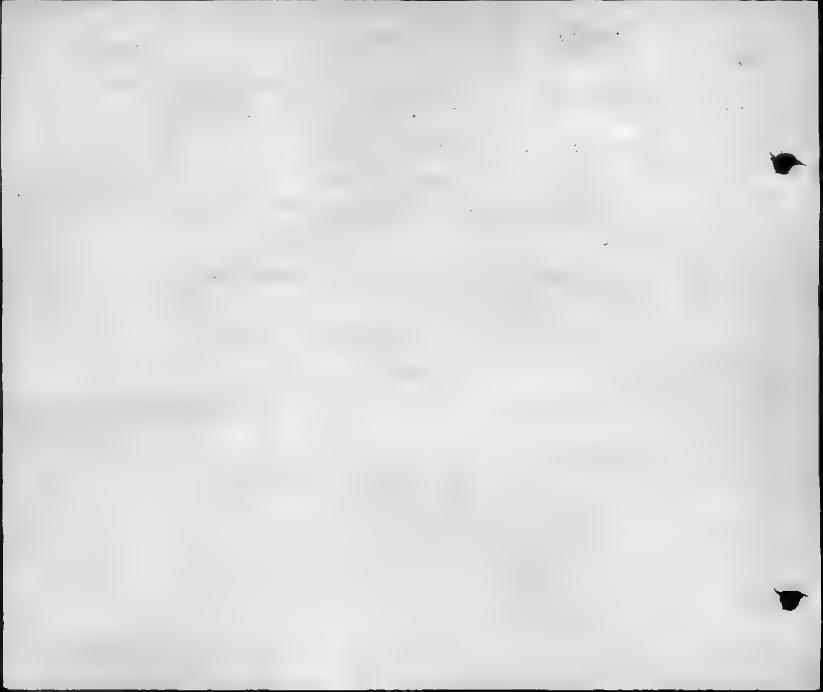
CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased livad, If institution: Residence before admission) * COUNTY b. COUNTY MARYLAND MONTG OMERY b. CITY OR TOWN (f outs de cosporate lim ts. c. C.TY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) a. LENGTH OF STAY IN 16 write RURAL and give neerest town) WH EATON 3 weeks NEEDA TON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE STREET ADDRESS ON A FARM? YES NO 3 12008 NURSING HOME инто том AVE. 3. NAME OF DECEASED OF (Type or print) DEATH 9 25 19 61 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. Taylor S tephen none 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTE 884 5 SEX I NEVER MARRIED last birthday) | Months Days 76 MALE W DOWED T DIVORCED [yrs. 10a. JSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY , 11, BIRTHFLACE (County & State, or foreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, avan if ratired) SALESMAN HERIKIMER, N. Y. AUTOMOBILE U.S. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME STEPHEN TAYLOR CORA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (Ifyesgivewerordatasofsecvica) TAYLOR 1365 KENNEDY ST.N 577-10-0589 WASH. D. C INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a , b), and (c).] PART I. DEATH WAS CAUSED BY: Gastro-Intestinal hemorrhage days IMMEDIATE CAUSE (a) DUE TO Mesenteric thrombosis Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the undarlying causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? liabetes mellitus NO [200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of mury in Part I or Part II of Itam 18 1 20c. TIME OF INJURY Month, Day, Year 1 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. Angust., 1953, to Sept., 25..., 1961, that (I) (we) last 196. , and that death occurred at 12:157. Inom the causes and on the date stated above. saw the deceased alive on Sept. 25 ATTENDING 22b, DATE 22a, SIGNATURE MED. **STAFF** SIGNED DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S LAWRENCE AVERY GEORGIA AVENUE, SILVER SPRING, MD. 10.110 23d, LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) OAK HILL CEMETERY TRANSIT-BURIAL 9/29/61 HERKIMER, NEW YORK DE'S SIGNATURE ZISICO 8434 Georgia Avenue
Pumphrey, Inc. Silver Spring, Maryland DATESEP 28'61 25a REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE Chilling S. Thousa



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10472 CERTIFICATE OF DEATH

I. PLACE OF DEATH			2. USUAL RESIDEN	CE ,Where decesse	d lived, if not tutions	Residence bel	fore edmission)
e. COUNTY		MARYLAND	a. STATE Mary	land	b. COUNTY MOI	ntgome	erv
Montgomery b CITY OR TOWN (if outside corpo	rate limits. I c. LE	NGTH OF STAY IN 16			m Is, write RURAL a	-	
write RURAL and give nearest to	own)	2hrs. 17m		hersbur			
d. NAME OF HOSPITAL OR INSTITU	STION (if not a baspitel a		d. STŘEEŤ ADDRESS		9	-	IS RESIDENCE
							ON A FARM?
Montgomery 3. NAME OF	General Ho	_	Last	4. DATE	Month	Day	S NO ,
DECEASED		e bbiM		OF			100/
(Type or print) Lill	4		Thomas	DEATH	_9	11	1961
	R RACE 7. MARRIED	NEVER MARRIED 🔲 8.	DATE OF BIRTH	lest,	buthday) Months	Days Ho	NDER 24 HRS.
T' COTOEL COTOEL DIVORCED 3/23/1898 63 yrs							
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if relired) 10b, KND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE [County & State, or fore gn country] 12 CITIZEN OF WHAT COUNTRY?							
Domestic			Maryland	ì			
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
George Thoma	s	[Elizab	eth Ross	5		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address							
(Yes, no, or unkown) (lifyesgivawaror	datesofservice)						
TIB. CAUSE OF DEATH [Enter of	only one cause per I no for	(a), (A, and (A)	2 901	f	1.	INTERVA	L BETWEEN
PART I, DEATH WAS CAUSE	D BY	Lectino	V 000	fruct	702	ONSET A	AND DEATH
IMMEDIATE CA		resverc	~			1	
Conditions, if any, which of Gaugneus Signord Color							
Conditions, if any, which gave rise to immediate cause to immediate cause							
(a), stating the underlying DUF TO							
cause last.	(c)		W 1664 166	m m. n. n.		-	
PART II. OTHER SIGNIFICANT	COND TONS CONTRIBUT	NG TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PAI	₹T 1,a) 19. ₩ \$	AS AUTOPSY PERFORMED?
[8]						YES (NO [
PART II. OTHER SIGNIFICANT DE 20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING 11 CAUSE OF OUR EITHER, NOTIFY MEDICAL EXA	G 20b. DESCRIBE	OW INJURY OCCURED.	(Enter nature of injury in	Part I or Part (I of Is	m 18)		
	MINER						
	Day, Year 20d. INJURY	4. 4	CE OF INJURY (Home, far		wn) (Co	ounty)	(State)
All Hour e.m.		of While Tech	ory, street, office bldg., etc	·/ [
21. I certify that (I) (this			trong	196/105	ept 19	4 that	(1) (wa) last
	1		death occured at.	. OX	· ·		
saw the deceased alive on	N		death occurso at	erativity from the	cansas and ou	Ille Gate 2	22b. OATE
228. SIGNATURE	1 Cent	>	BLOCK A		AFF IYS.	a	SIGNED
22c. PHYSIC, AN'S	1-	W	D. PHYS. U	Dikterox P	113.	7-/3	5-61
NAME (Type)	: AC. O. 1	· Ceal	~4 ,	2011/11/2	· Yn al		
	•	_	' 'Y -	restur	3		151-1-3
23e, BURIAL, CREMATION 23b DA REMOVAL (Specify)		NAME OF CEMETERY OF Ash Memoria	1 Cem	23d. LOCATION	(City, town or cour	iry)	(Stete)
Burial 9/	15/61	Well Weller Ta			Spring	Mid_	
24 FUMERAL DIRECTOR'S SIGNATURE	1	ADDRESS CALL	like.		256. REGISTRAR'S		
KALOUT C'A	nand	226	CA DATE	SEP 25'61	arthur	S. Kraul	



Division of STATISTICAL RESEA EET, BALTIMORE 1, MARYLAND RMEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before edm ss ector. I vour files. COUNTY ont come MARYLAND Montgomesc archan o b. CITY OR TOWN fit outside corporete I CITY OR TOWN (If outside corporate limits, write RURAL and dive neerest town LENGTH OF STAY IN 16 Write RURAL and give nearest town! ō ģ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) m. IS RESIDENCE ON A FARM NAME OF DATE Yaar DECEASED OF (Type or print) DEATH 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARMED 9. AGE (In years IF UNDER 1 YEAR! lest birthday) Months Hours WIDOWED DIVORCED yrs. 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during nost of working I fe, even if raticed) 13. FATHER'S NAME CHOL pages 14 MOTHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesg vewerordajesefsarvice) 18 CAUSE OF DEATH [Enter only one cause per line to (e), (b), and (c),] INTERVAL BETAVEEN along fransit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. suddel IMMEDIATE CAUSE (a) Office burial-f **DUE TO** Conditions, it env. which (b) geva risa to immediate causa (0) **DUE TO** (e), stating the underlying cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word 8 NO K Medical pluous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING T o 3 sho burial, CAUSE OF DEATH. 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, ; 2Df, (City or town) 2Dc. TIME OF INJURY Month, Dey, Yeer (County) (Steta) Pag o factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work to the 0,25 21. I certify that I took charge of the remains described above, held an Autopsy |, Inspection | 굺 Inquiry K. and in my opinion forwarded I Ü Natural causes 🔣 Suicide death resulted from: Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER 🗍 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE S DEPUTY MEDICAL EXAMINER EXAMINER'S Chank NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) A REMOVAL (Spec by) 40 g ā 24a REC'D BY REGISTRAR I 24b. REGISTRAR'S 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fumeral PLACE OF DEA 2. USUAL RESIDENCE (Where deceased I ved, If Instr m. COUNTY a. STATE b. COUNTY Montgomery 부 라 라 Maryland MARYI.AND Montgomery by # b. CITY OR TOWN (if oulside corporate lim'ts c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town] Bethesda E Bethesda Pages filled Ü d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d STREET ADDRESS e. IS RES DENCE 5904 Sonoma Road YES 5904 Sonoma Road 3. NAME OF Muddle A DATE DECEASED OF Q. (Type or print) DEATH VIRGINTA THOMAS Sept. 8, 6 COLOR OR RACE 17. MARRIED NEVER MARR.ED 8 DATE OF BRTH AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdev1 Months | Days Female 28, 1887 WIDOWED TY DIVORCED Aug. 10s. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physici Housewife Marvland USA 13. FATHER'S NAME 9 14. MOTHER'S MAIDEN NAME pleas Frances Mulligan James Magruder aften Then 15 WAS DECEASED EVER N U.S. ARMED FORCES? | 16. SOC AL SECURTY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewar ordates of service) College Pk. Md (D) Thelma Weigle. Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ۵ ONSET AND DEATH PART I. DEATH WAS CAUSED BY g physical signed IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which peen (b) gave rise to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER'S GNIFICANT COND.T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160, 19, WAS AUTOPSY certificate To 80 PERFORMED? use prior YES [200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) After this cr CERT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the MEDICAL þ 20d. NJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) fectory, street, office bldg., etc.) Hour e.m. While Not While et work at work D.M may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from / C 19.6 /, that (I) (we) last to .., and that death occured at P.M. from the causes and on the date stated above saw the deceased alive on. 220. SIGNATUR ATTENDING STAFF DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME [Type] Zam Jøvce 8106 Maple Ridge Rd. Beth. Md 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fawn or county) 23a BUR AL CREMATION. REMOVAL (Specify) OF Cedar Hill Cemeterv Suitland, Maryland Burial н 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Bethesda, Maryland 15M 9/60 Robert A. Pumphrev DATESEP 1 4 '61

ON A FARM?

19 61

7 но Г√

NO X

(State)

61 SIGNED

22b. DATE

(State)

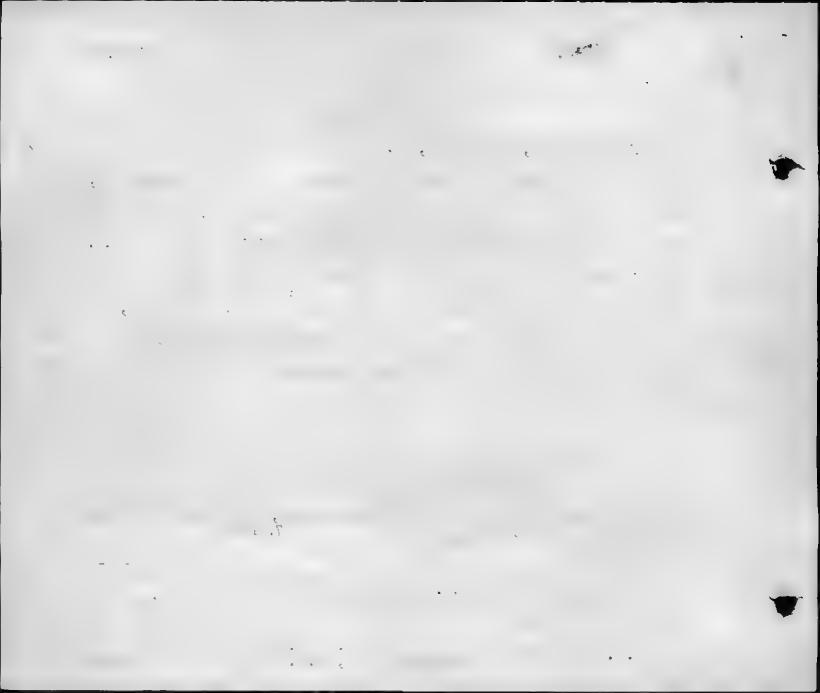
Cultur S. Trace

\$ 5 g 1 1

VR A15 (4) 15M 9/60 05

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10475	CERTIFICAT	E OF DEATH	10468
	Delta of Death County Montgomery b CITY OR TOWN, if outside corporeta limits, writa RURAL and give nearast town) c	MARYLAND LENGTH OF STAY IN 16	West Virginia	deceased fived, if institutions Rasidence balore admission) b. COUNTY apporele firm is write RURAL and give naerast town
	Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)		Holden d street address No street addr	IS RESIDENCE ON A FARM
	The Clinical Center, Bether NAME OF BECEASED (Type or print) Vicky	Middla Lynn	Thompson 4 DATE OF DEAT	Month Day Year September 23, 1961
	dona during most of working life, aven if retired)	DIVORCED OF BUSINESS OR NOUSTR	1	
	Child 13. FATHER'S NAME	None	West Virginia 14. MOTHER'S MAIDEN NAME	. U.S.A
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ACCOUNTS) DUE TO Conditions, if eny, which gove rise to immediate cause (e), stating the underlying cause last. (c)	None The for a) (b) and (c) I Precenting - Precenting - Precent Al Hear	e Clinical Center Almanic Thenon Et Disean	1. Record , Bethesda 14, Maryland NIERVAL BETWEEN ONSET AND DATH Anythur Butt
1000 t 01000	ication ————————————————————————————————————		Of RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES A NO .
	Hour e.m. While	Not While feel	CE OF INJURY (Homa, farm, 20) (Cory, streat, office bldg., atc.)	
	21. J certify that (I) (this hospital) attended saw the deceased a ve on September 22e. SIGNATURE 22c. PHYSCIAN S NAME (Type) Douglas Clark	23.19761, and that	ATTENDING MED. PHYS. DIRECTOR 224TH28691inical	om the causes and on the date stated above. STAFF 9-23-61 Center, National Institutes others all, Maryland
	removal (Spacify) 19/24/61	3c. NAME OF CEMETERY	OR CREMATORY 23d. LC	ocation (City, fown or county) (State)
	24 funeral director's signature The S.H. Hines Company	. 2901 lyth <u>wasning.o</u>	_ L SED o R	istrar 25b. REGISTRAR'S SIGNATURE '61 Cutting & Kinga



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RE PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH MEATTH DEPT. USUAL RESIDENCE Where decessed lived, if institution COUNTY e. STATE b. COUNTY director, Pag Montgomery MARYLAND Maryland Se CITY OR TOWN (If outs de corporete I m is, write RURAL and g ve dearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Rockville Rockville 'n d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Grunther Court YES NO TE Grunther Court 3. NAME OF Middle 4. DATE DECEASED (Type or print) Marv Threatt DEATH Sept. 19 61 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. do with lest birthday) | Months Female ve Page 1, 2, and PM3, Page 5 mil WIDOWED X DIVORCED [March 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore.gn country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ded N Will Dunlap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN (Unknown) McAlter (Yes, no, or unkown) | (Ifyesgive werordales of service) 578-38-0483 (D) A. L. Merrill-Kensington. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary occlusion .MMEDIATE CAUSE (e) Sudden DUE TO Hypertension Conditions, if eny, which Years gave rise to immediate cause **DUE TO** (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO should 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert Lor Pert Lof Item 18.1) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. IN. LRY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f., (City or fewn) (County) (State) factory, street, office bldg., etc.) While Not While et work et work Inquiry ... and in my opinion death resulted from: Natural causes 50. Accident [Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for **FUNERAL** 1 28/61 DEPUTY MEDICAL EXAMINER TO Frank V. Broschart NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 0 40 6 Burial ROCKVILLE
REC'D BY REGISTRAR I 246. RE VS. A15ME 161 Chilbur S. Kraus Robert A. Pumphrey, Bethesda, Maryland DATE 5M 7/59

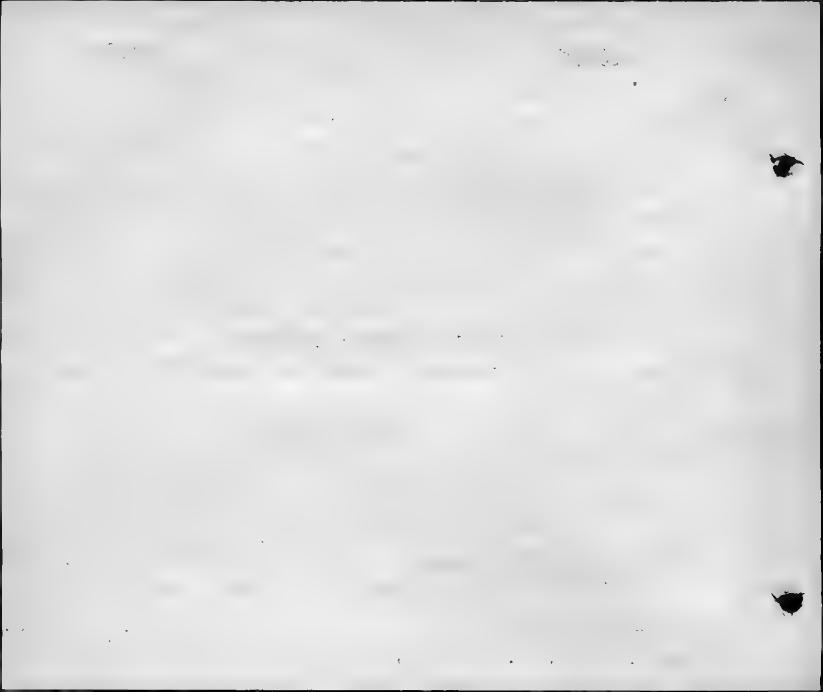


VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10477	CERT	IFICATE	OF DEATE	1	4.04	70	
1. PLACE OF DEATH		il il	USUAL RESIDENCE (V				
18lont go	mcry M	ARYLAND	RANGE AN ESS	Ax Mary	tand - M	ont gomery	
b CITY OR TOWN (If outside company SURAL and give rearest town)	ote limits, write oc. LENGTH OF ST	TAY IN 16	to the second se	•	nits, write RURAL and g	give nearest town)	
13N3, ngF-0	n da	2	Mensingt	on	4	<u> </u>	
d. NAME OF HOSPITAL (If not in hos OR INSTITUTION : TON	spitol, give street oddress)		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
	ardells		4309 Colc	hester Dr	ive	YES NO 🔀	
3. NAME OF DECEASED	, First Mic	idle	Lost	4. DATE OF	Month	Day Year	
(Type or print) Char	Las 4	10	RNER,Sr	DEATH	9	9 196/	
S SEX 6. COLOR OR	RACE 7 MARRIED THEVER MA		DATE OF BIRTH	lost	E (in years IF UNDER Months	TYEAR IF UNDER 24 HRS. Doys Hours Min	
IT a LE WAIT	WIDOWED DIVO	RCED 🔲 🛮 J	an.2,1912	. 24	9 yes !	Doys Hours will	
10a USUAL OCCUPATION (Give kind of dur. ng. most/of working life, even if	f work done 10b. KIND OF BUSINES retired) Met_Police		17//	e or foreign country)	12 CITI	ZEN OF WHAT COUNTRY?	
POLICE; na	1 THE COLLE	- X	drashino	1+02 17	- 13	. 3 M	
13. FATHER'S NAME			MOTHER'S MAIDEN	NAME -			
	1 JULYER		grace.	H. 110	mas		
TS. WAS DECEASED EVER IN U.S. Appl. (Yes. no. or unknown) [1] (If yes, give war or o	dotes of service)		(y'	D 3 -	Address	A 363	
no			sing Home	necoras	Kensing	gron, Ma.	
	one couse per line for (a), (b), and	(c).]	1 - +			INTERVAL BETWEEN	
PART I. DEATH WAS CAUSE IMMEDIATE CA		1H, (1 Cule				
181.0							
Conditions, if ony, which	gove rise to immediate						
couse (o), stating the under-	DUE TO	1. //	•	// * .	1101	1	
lying couse last.	(c) / nuran	y cu		, Umuci	1000	Cer-	
PART II OTHER SIGNIFICAN	nt conditions <u>contributing to</u>	PEATH BUT NO	OT RELATED TO THE TER	WINAL DISEASE COM	OTTION GIVEN IN PAR	PERFORMED?	
20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH	Y OCCURRED (Enter nature of injury is	Port I or Port II of i	item 18.)		
ZOc. TIME OF INJURY Month, Do Hour o. m.	oy, Year 20d, INJURY OCCURRED While Not while		OF INJURY (Home, fai y, street, office bldg., e		vn) ((County) (State)	
₽. m.	19 at work at work		7	i .			
21. I certify that (I) (this ha	ospital) attended the deceas	ed fram	<u> </u>	2/1/. 10 9 -	9 19.6		
saw the deceased alive on	4 4-9-1961,c	and that dec	th accurred at 4:	7017/ ram the c	couses and on the	dote stated above.	
220 SIGNATURE			ATTENIDING	ALED CT A	FE	225, DATE SIGNED	
11. Shale	dem	М.С		MED. STA	YS. 🗆		
22c PHYS CIAN'S NAME (Type)		N	22d ADDRESS	1	C- V		
KOBERT	1, 1 HIBADE.	AU, IX	D 10609	CONCORI	> >T./1E	NSMATON	
230 BURIAL, CREMATION 236 DATE REMOVAL (Spec Fy)	THEREOF 23c NAME OF C	CEMETERY OR C	REMATORY	23d, LOCATION (City, fown, or county)	(Stote)	
	/61 Cedar	Hin a	Smattery.	Prince	Georges	Co. Maryla	
24 FUNDIA DIRECTORY'S SIGNATURE	29894521	Are M	250. RE	C'D BY REGISTRAR	256 REGISTRAR'S SIG		
VICEN New	W. Wash	1.9. W	DABLE	1 3 '61	Chillian S. H	LALLAN	

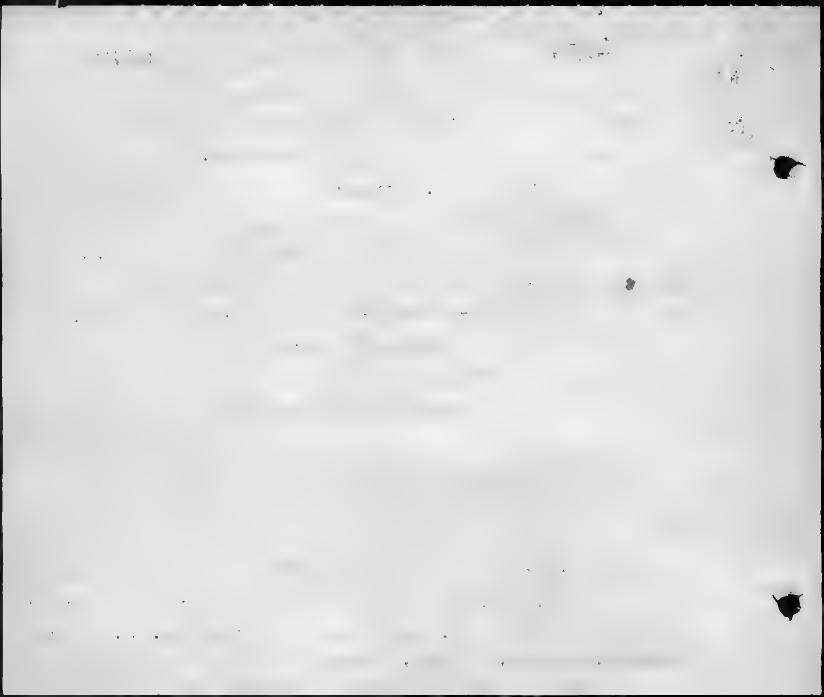




DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10479 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) 1. PLACE OF DEATH . COUNTY **b.** COUNTY a. STATE MARYLAND Maryland Montgomer. Montgomerv by the and 2 death c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Kensington days d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tal, give street address) ON A FARM? YES | NOT Suburban NAME OF 10519 Warfield St. Year 4. DATE Month Wagner DECEASED OF DEATH (Type or print) MEXICAL STATE Sept. 9. AGE (n years IF UNDER I YEAR IF LINDER 24 HRS. 6. COLOR OR RACE T MARRIED W NEVER MARRIED B. DATE OF BIRTH last birthday) | Months WIDOWED D. YORCED Male July 28 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stale or foreign country) physician remove done during most of working life, evan if ratired) Retired Maryland
14. MOTHER'S MAIDEN NAME H.S.A 13. FATHER'S NAME attending pl .⊑ and John Mock A. Wagner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Elizabeth_ Scherer 16, SOCIAL SECURITY NO. 1 17. INFORMANT Then Kensington. Md (Yas, no, or unkown) | (If yes giva war or datas of sarvice) Paul E Wagner 10518 Warfield St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH Cardiac Vascular Disease IMMEDIATE CAUSE (a) DUE TO Uremia gava risa to immediate causa DUE TO (a), stating the underlying Urinary tract infection PART II. OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART ILM 19. WAS AUTOPSY PERFORMED? 98 NO X 20a. ACC.DENT WAS UNDERLYING | 20b DESCR.BE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of Item 18.)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) MEDICAL (County) Month, Day, Year 20c. TIME OF INJURY factory, street, office bldg., atc.) Whila _Not While Hour a.m. al work at work DIRECTOR: 19.58, to Sept 2.4. , 19 . ., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. Ment 23....1961..., and that death occurred at 7A.M. from the causes and on the date stated above. saw the deceased alive on..... 228 SIGNATURE SIGNED PHYS. DIRECTOR Sept. 24, 1961 PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Summit Ave., Kensington, Md. director, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) REMOVAL (Specify) 9/27/61 Ft. Lincoln Cemetery Prince Geo. Co. Maryland Buri al 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** SEP 2 7 '61 Robert A. Pumphrey, Bethesda, Maryland DATE arthur & Krown 15M 9/60

DYLAND STATE DEPARTMENT OF HEALTH



- divian

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e IS RESIDENCE

ON A FARM?

YES 🗍 NO 🖹

Yeor

19

Days

USA

(County)

SEP 2 9 61

DATE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

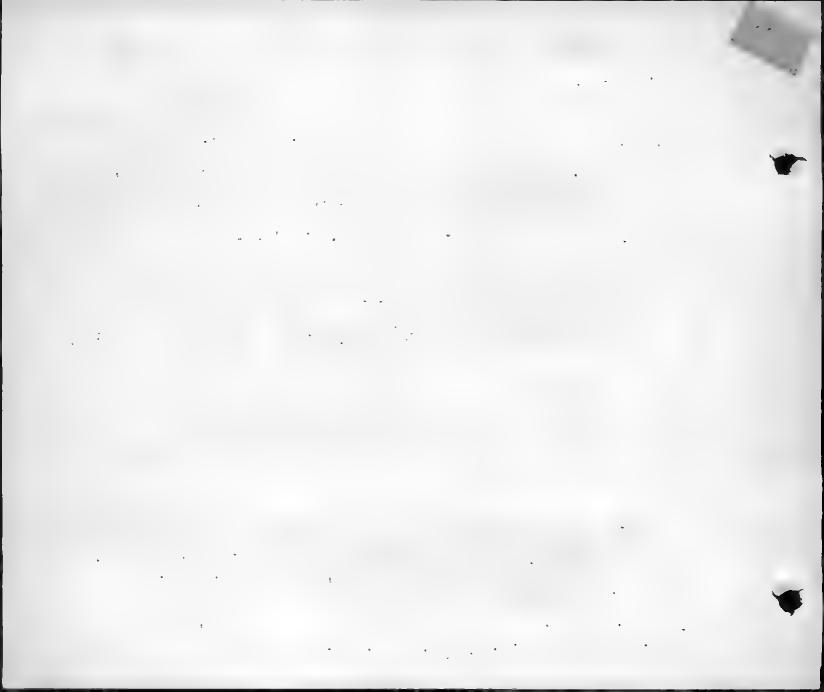
YES NO Z

(State)

DATE SIGNED

(Stole)

VS A1S (4) 15M 9/SB



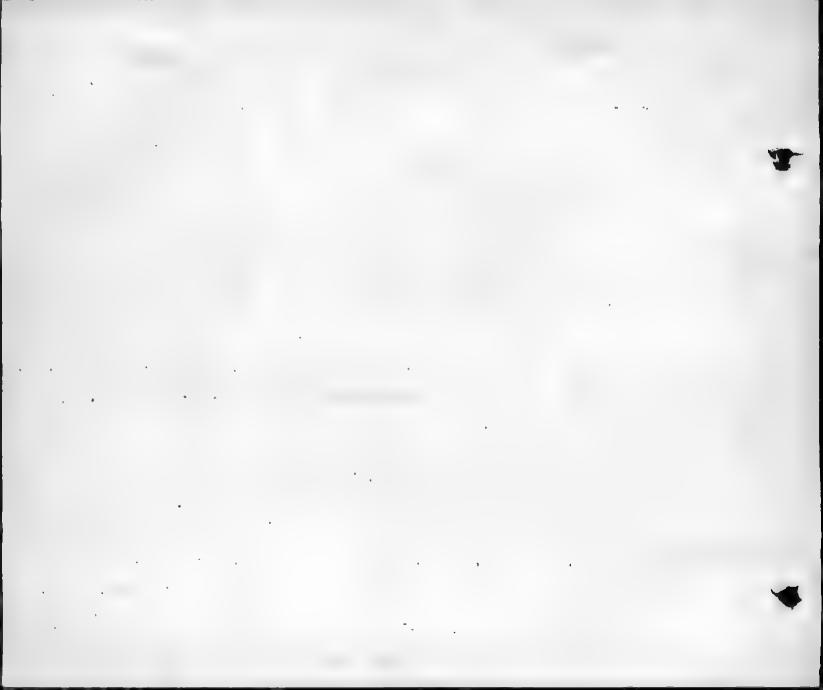
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE llem 10 Film G296 9/2/01 ink 1 PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give merest town) write RURAL and give hearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp) 1 g ve street address) STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 🙀 Scene of accident (highway 4. DATE Year DECEASED OF (Type or print) DEATH 19 6 AGF III years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED & B DATE OF BIRTH IF UNDER 1 YEAR! IF UNDER 24 HRS. lest birthday Days Months WIDOWED IT DIVORCED [106 KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 01-56 14. MOTHER'S MAIDEN NAME 1 16. SOCIAL SECURITY NO. 1 17 (Yes, no, or unknown) | (If yes give wer ar detective) 18. CAUSE OF DEATH (Enter only one cause per line (peta), b), and (c) | INTERVAL BETWEEN ONGET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) geve rise lo immediate ceuse DUE TO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1601 19. WAS AUTOPSY MERFORMED? YES 🔀 NO 🗔 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 9 3 buri 20d INJURY OCCURRED 20s PLACE OF INJURY Home, form, 20t. (City or town) Month, Day, Yaur (County) (Stete) 900 fectory, street, office bldg., etc.) Not While 0 While 00 et work el work 20 1061 21 I certify that I took charge of the remains described above, held an Autopsy forwarded to L DIRECTOR ă Inspection and in my opinion death resulted from Natural causes Accident X Suicide Homicide Undetermined mariner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE Y DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street city town or county) Y OR CREMATORY 22d. LOCATION (Gity, lown of country) (State) arker after Mahore Whereting Colisi Git on ₽40 g REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 10482 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. H. in filed a. COUNTY a. STATE b. COUNTY Montgomer MARYLAND funeral b. CITY OR TOWN (If Jutside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and/give nearest town). RURAL and give nearest town) Bathesda 8/3et he5da d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE. OR INSTITUTION ON A FARM? 0 YES 🗍 NO 🔼 1100 h 4. DATE OF DEATH NAME OF Middle Year DECEASED (Type or print) ام) 19 1/p v IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months WIDOWED | DIVORCED & yes 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corbon ubugue pup I nternational I awa ſõ Offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John гетоме hours 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT 44 34 atte=ding 78-07-3,83 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the under lying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTING TRELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO NO 206 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INVORY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Not will ! Haur o.m. While at work of work p. m. 21. I certify that I attended the deceased fram. that I last saw the deceased , and that deoth accurred at AFMM from the causes and an the date stated above alive on DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 226 DATE THEREOF 22d. LOCATION (City, lawn, or county) 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Speedy) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g/REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Carillan & Frank 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

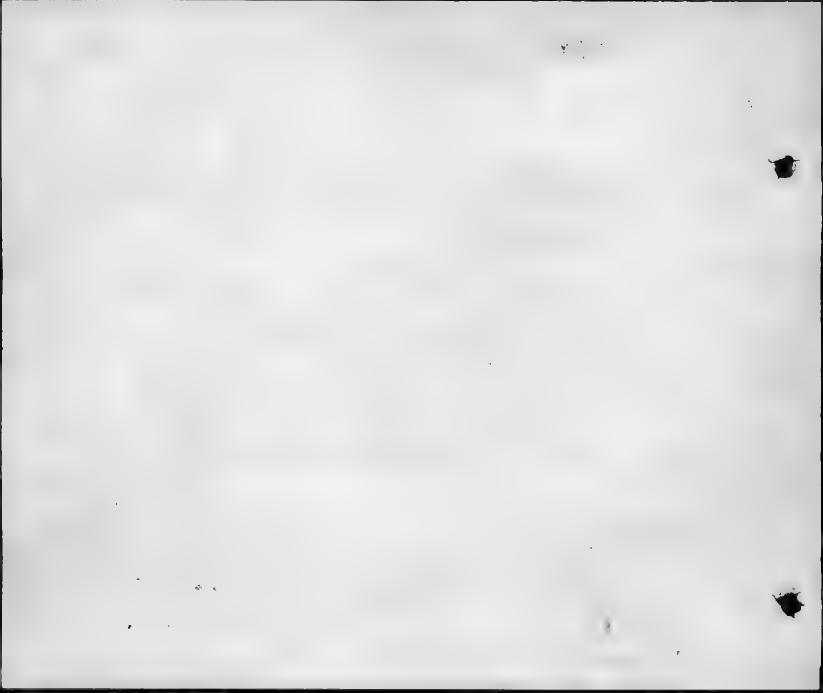


STATE DEPARTMENT OF HEALTH

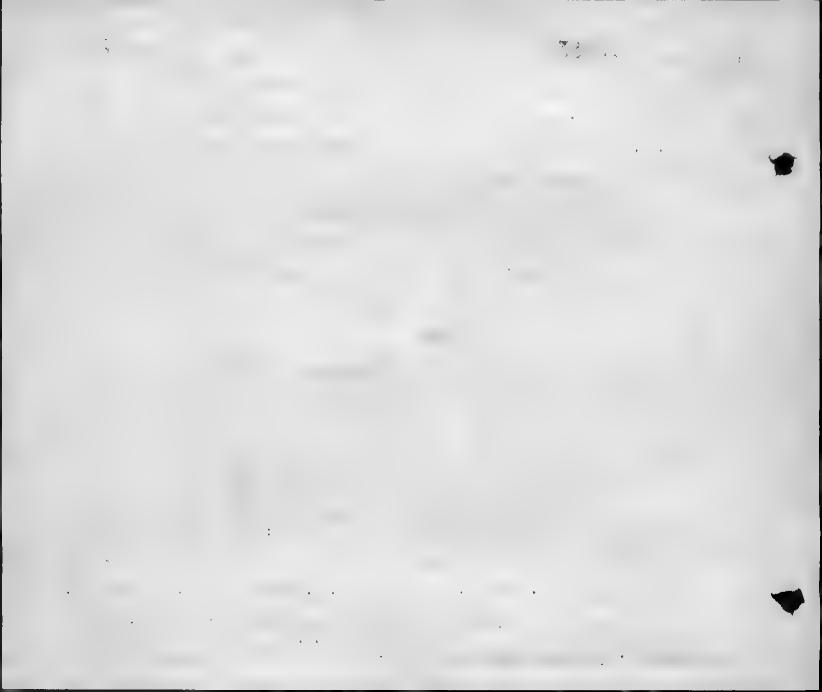


PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence bafora admission) a. COUNTY MARYLAND 6-12-1-90-MENU E LENGTH OF STAY IN 16 ROUS 10 sal . IS RES DENCE ON A FARM? NAME OF DECEASED OF (Type or print) September IF UNDER 24 HRS S. SEX AGE (In years IF UNDER 1 YEAR) 7. MARRIED NEVER MARRIED lest birthday) Months Hours WIDOWED 10a USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? OVe 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratitad 7/-05, 19 and Law yer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yasgiva war or datas of sarvica 18 CAUSE OF DEATH [Enter only one causa par una for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: CoRonary IMMEDIATE CAUSE (a) **DUE TO** art. Sclerotic Vasc Disease gave risa to immadiate causa DUE TO (a), stating the underlying causa last. PART I, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (B) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 6 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Itam 18) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED | 20e PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (Stata) 20c TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from... I., and that death occured at 1.6M, from the causes and on the date stated above. saw the deceased alive on. 22e SIGNATURE ATTENDING SIGNED B PHYS. DIRECTOR PHYS. FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Typa) OR CREMATORY 23a, BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Spacify) Hill Cemetery Suitland. Cedar OH REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Krays 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) a. COUNTY e. STATE **b. COUNTY** Montgomery 골 MARYLAND Florida b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give no rest town) and Ś write RURAL and give nearest town) Bethesda (Rural 50 davs .97 Jacksonville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? YES NO 3 U. S. Naval Hospital 6511 Burgundy Rd. South 3. NAME OF First Middle DATE Yası DECEASED OF (Type or print) DEATH COMP Birder Franklin Welch 19 September within carbon 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and (est birthday) Months Female Caucasian WIDOWED | DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Housewife Louisiana USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tilden Richard Franklin Ella Irene Hopkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes giva wer or dates of service) (H) Denver Evans Welch No Same as #2 above 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 100 B. O. C. IMMEDIATE CAUSE (a) signed DUE TO onuso sarcoma uterus Conditions, if any, peen gava rise to immediate cause **DUE TO** (a), stelling the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY certificate CATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part 1 or Part 11 of Item 18.) 200, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. el work at work CIOE: 21. I certify that (1) (this hospital) attended the deceased from JULY 18 ... 19.61 to.... September 19.61 that (M (we) last saw the deceased alive on September . 6 19 61, and that death occured al.O.: 15 Arom the causes and on the date stated above. 22b. DATE 72m S GNATURE 6 September 196 ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) ROBERT H. PERKINS. LT MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF directe be file Burral Shipment Riverside Memorial Park Jacksonville, Florida 1961 9 ADDRESS Washington . D. C250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MUNERAL DIRECTOR'S SIGNATUR VR A15 (4) Wisconsin Ave. 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH 10479 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, illed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY g STATE filed b. COUNTY MARYLAND Prol b. CITY OR TOWN (If overde corporate limits, write RURAL aggregate nearest town) c. CITY OR TOWN outside corporate limits, write RURAL and give hearest town 8 c LENGTH OF STAY IN 16 the fune shauld d NAME OF HOSPITAL (If not in hospital, give street paddress) d. STREET ADDRESS 15 RESIDENCE ON A FARM? YES NO T NAME OF Middle 4. DATE Yeor DECEASED fille DEATH (Type or print) 19 ages death 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH campletely Manths Doys Hours DIVORCED | WIDOWED IV papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11. BIRT July 11 of working life even interired) 12 CITIZEN OF WHAT COUNTRY? pup 13. FATHER'S NAME physician c 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMAN attending pleose CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY who and 4days IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gned gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19 WAS AUTOPSY PERFORMED? YES NO D yelo Neskulis arkensoneam 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) DICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur a.m. While Nat while at work at work 19 6/, that (1) (3 last 21. I certify that (I) (thus heapital) attended the deceased fram... , and that death accurred at 8 saw the deceased alive an. AM, from the causes and an the date stated above detach DIRECTOR SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR [STAFF þe M.D 22d ADDRESS PHYSICIAN O fown, or county) 23d BURIAL CREMATION. OF the s 25h COISTRAR'S ST VR A15 (4) Thomas 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed v o. STATE b. COUNTY MARYLAND MARYLAND OR TOWN If outside corporate lights, write c. LENGTH OF STAY IN 16 20 EITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) JRM and give nearest Jawn SILVER SPRING Takoma Park NAME OF HOSPITAL ATVIST IN hospital dive street oddress d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3901 ILFORD ROAD YES NO 3. NAME OF DECEASED First Middle. 4. DATE Last Month Yeor Day OF DEATH BURT HORTON WESTON (Type or print) 9 1267 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | SEX B DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS. Days Months Hours WIDOWED P DIVORCED [7] 10a USULUGECUPATION (Gue find at mark dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? **FATHER'S** 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (if yes, give war or dates of service) Hospital records attending no please 1B. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.

I I IMMEDIATE CAUSE (o) SHOCK RONCHO PHENHOUIA Canditians, if ony, which gned gove rise to immediate per **DUE TO** couse (a) stating the under-DUODENI lying cause lost **burnal-transit** b PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, PERFORMED? YES NO 20g. ACC. DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) the 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form | 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while ot wark ot work p. m. 27 I certify that (I) (this haspital) attended the deceased from SEPT detached and that death accurred at SeeM, from the causes and on the date stated above saw the deceased alive an 25 22a SKENATURE ATTENDING MED STAFF DIRECTOR [] 22c PHYSICIAN S 22d ADDRESS DATE THEREOF 23d LOCATION (City, town, or county) 23a BURIAL, GREMATION: 23b 23c NAME OF CEMETERY OR CREMATORY (State) abod TREMOVAL Spooly 18/61 Cemetery Pr.Geo.Co., Maryland FUNCERAL DIRECTOR'S 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Orthur S. Kraus VR A15 (4) DATE SEP 1 8 '61 15M 9/59

funeral

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rtificate

DIRECTOR:

FUNE

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MARYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, It institution, Residence before admission) a. COUNTY **b.** COUNTY e. STATE Caroline MARYLAND b. CITY OR TOWN (if outs de corporate limits)
write RURAL and give nearest town) e LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest town) Federalsburg ak filled d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, give street address a. IS RESIDENCE d STREET ADDRESS ON A FARM? Academy Avenue YES NO 🔀 3. NAME OF DATE Month Yeer Day DECEASED COL (Type or print) DEATH Carrie 19 NEVER MARRIED | 8 DATE OF 8 RTH S. SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS last birthdey) Months Hours WIDOWED IL DIVORCED **PETHOVE** IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working I fa, even if rel red) Dorchester ouse wi 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Georgeanna (maiden name unknown) Reagan ă, 15. WAS DECEASED EVER IN U.S. ARMED FOR (TS) | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (liyesg vewerordelasofservice) Address Unknown Wheatley 5611 by the 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [e] DUE TO ideovas enladerare Conditions, fery, which gave rise to immediate ceuse DUE TO (a), stating the underlying couse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TED TO THE TERMINAL DISEASE CONDITION OF YEN IN PART I(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert I of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After th 20c, TIME OF INJURY Month, Day, Yeer 2Dd INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or fown) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. at work at work p.m. TOR: 21. I certify that (1) (this hospital) attended the deceased from 20 and DIRECT 3 should K.f., and that death occured a ...M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS 228. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) East New Market Cemetery East New Market, Maryland 1961 S & S Sept. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR (25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE SEP



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

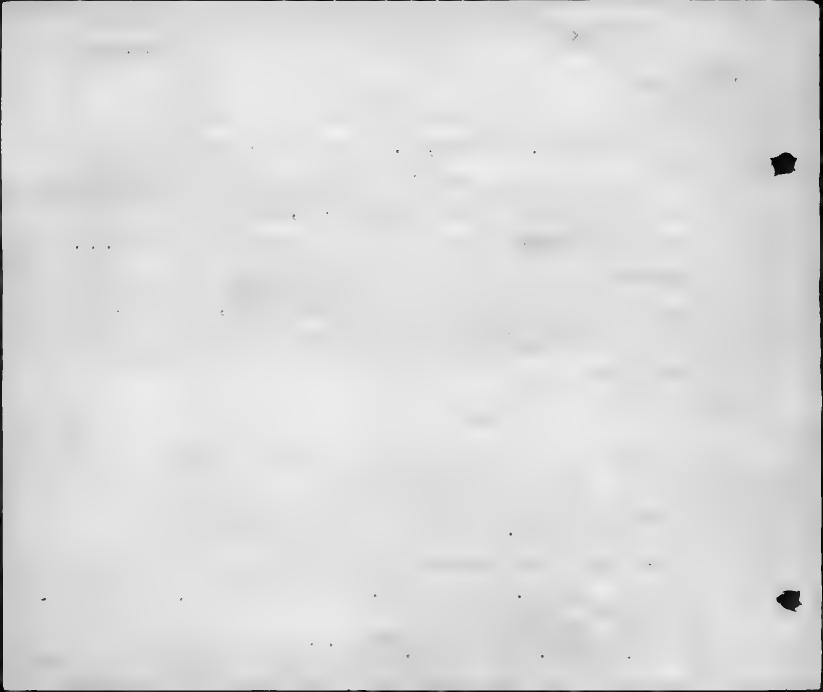
CERTIFICATE OF DEATH

				1.04	83		
	1. PLACE OF DEATH	1	2. USUAL RESIDENCE (Where		sidenca before admission		
N	Montgomery	MARYLAND	Virginia	b. COUNTY			
4		LENGTH OF STAY IN 16		orporate limits, write RURAL and	give neerest town)		
	Bethesda	16 days	Lynnhaven				
	d NAME OF HOSPITAL OR INSTITUTION (if not in hosp')		d STREET ADDRESS	78	a. IS RESIDENCE		
1	The Clinical Center, Bethes	da 14, Md.	188 Lynnhaven	Drive	YES NO		
	3 NAME OF Frst	M ddla	Lesi 4 DATE OF	Z Month	Dey Year		
	Type or print Robert	Samuel	White DEAT	September	23 19 61		
V	5. SEX 6 COLOR OR RACE 7. MARR.ED	X NEVER MARR ED B.	DATE OF BRIH	9. AGE (n years IF UNDER 1 Y	EAR IF UNDER 24 HRS.		
7	Male White WIDOWED		August 10, 1909	lest birthdey) Months De	eys Hours Min.		
ł	100. USUAL OCCUPATION (G.ve k'nd at work 10b. KIND	OF BUSINESS OR INDUSTRY		- Factorial Control of the Control o	EN OF WHAT COUNTRY		
	Secretary & Treasurer E	lectric	Virginia	T'	S.A.		
	13. FATHER'S NAME	1000110	14. MOTHER'S MAIDEN NAME		AC AU'A		
	Samuel White		Gertrude Coope	70			
	15. WAS DECEASED EVER N U.S ARMED FORCES? 16. SC	CHAL SECURTY NO. 17. I	NFORMANTT'ha Madian	1 DooAsidelss			
	Lies not or auroant (III has Black and of congression area)				Manager I		
	NO NOT		he Clinical Center	r, Betnesda 14,	Maryland		
	DARE DEATH MAD CAUSED BY		1.		ONSET AND DEATH		
	IMMEDIATE CAUSE (e)	Licewia 3.	cam regative		H.S bours		
	DUE TO	1	, ,				
	Conditions, it only, which) (b) HC	ite myelor	jerons leuke	mia.	& MEGKZ		
	gave rise to immediate cause (e), stating the underlying DUE TO	`	~				
	couse lest. (c)						
	PART H. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D SEAS	E CONDITION GIVEN IN PART I			
	ATA [PERFORMED YES MO MO		
	200, ACC DENT WAS UNDERLYING [] 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of nitury in Pert I or Pert II of Item 18.)						
	PART H. OTHER SIGNIFICANT CONDITIONS CONTROL 200. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH UTIF ETHER, NOTIFY MEDICAL EXAMINER!						
4		JURY OCCURRED 200, PLA	CE OF INJURY (Home, farm, † 20f (C	City or fown) (Count	v) (Stela)		
	Hour a.m. While	_Not While feels	ory, street, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,	,,		
		et work	0 1 7	G 1 1 00 /	•		
	21. I certify that (I) (this hospital) attende			oSept.ember.239.6			
		19.04, and that	death occured at	om the causes and on th			
	22a. SIGNATURE		ATTENDING MED.	STAFF - 0 00	226, DATE SIGNE		
	Thomas. Wint	er III "	D. PHYS. DIRECTOR	☐ PHYS. 2 2 9-23	-		
	22c. PHÝSÍCIÁN'S NAME (Type)		22d. ADDRESS The Cli	nical Center,	National		
	Thorne S, Wint	er, III M.D.	Institutes of	Health, Bethesd	a 11, Md.		
		23c. NAME OF CEMETERY		CATION (City, town or county)			
	removal 9/23/61			Norfolk, Vir	ginia		
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wast		SISTRAR 256. REGISTRAR'S SI	GNATURE		
	The S.H. Hines Co., 2901	14th St. N.V			4 4		

filled in by the funeral Pages 1 and 2 should within 24 hours after TO H. ITAL OR ATTENDING PHYSICIAN: The law requires that the dmith cuntificate be emec, within 24 hours death, age 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexed, filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, gemention, or removal, and in any event, within 72 hours, after depth.

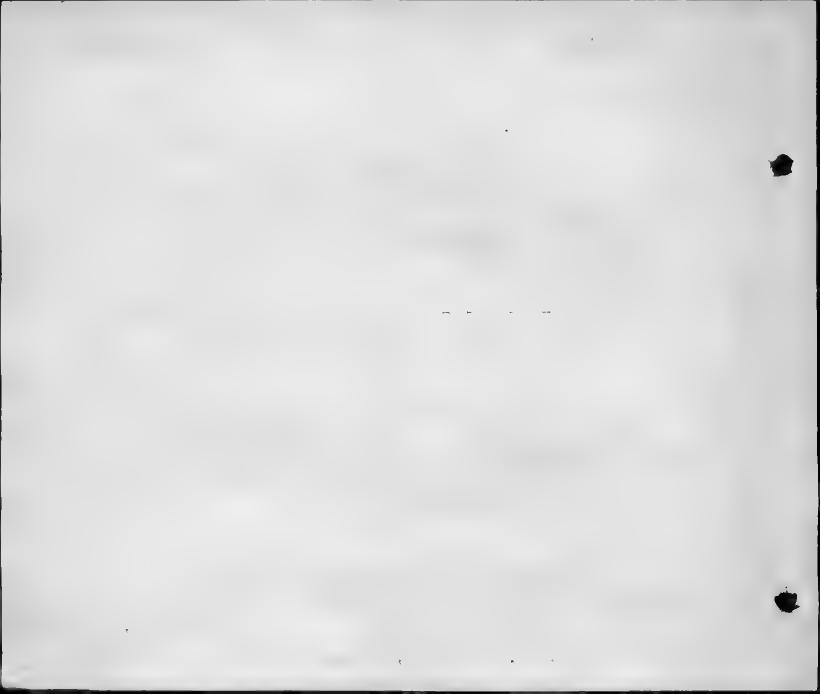
1



FOR STATE TO D. JTY MEDICAL EXAMINER: This certif cate should be executed within 24 hours after death. It is delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the laneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within-22 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10490 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10484 [CE OF DEATH [1] 2, USUAL RESIDENCE (Where decressed lived, if institut on: Res dence before ac

1, PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where decaesad livad, if institution Ras denta basore admission)
montamery MARYLAND	o. STATE ind b. COUNTY monta
b CITY OR TOWN (if outs da corporate limits, write RURAL and give negretatiown)	c. CITY OR TOWN (floutside corporate I mits, write RURAL and give nearefit flown)
d. NAME OF HOSPITAL OR INSTITUTION (if nev in hospital, give street addition)	d'STREET ADDRESS . IS RESIDENCE -
M-S. Naval Ordinance	110711 & Nolcrest Da YES NO 1
3. NAME OF DECEASED (Type or print)	A. DATE Monin Dey Year OF DEATH A 2 10/1
-204a - We	8. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR I IF UNDER 24 HRS.
male white \ widowed DIVORCED	11-7407 St birthdex Months Days Hours Min
Da. USUAL OCCOPATION (G va kind of work done during most of working life, aven if retired) Naval Ordnance	11. B RTHPLACE (State of fore gn country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Floyd Willis	Susie Moorer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unknwn), (Ifyesgivawerordalasofsarvica)	
18. CAUSE OF DEATH Enter only one cause per line for (a). (b), and (c).	aval Cerdinaue Record INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Veclusion ONSET AND DEATH
POETO DUETO	
Conditions, if any, which geve rise to immediate cause	
(e), stating the underlying source last.	
PART II OTHER S GN F CANT CONDITIONS CONTR BUTING TO DEATH BUT N	DT RELATED TO THE TERM.NAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II OTHER'S GN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT N LUS DE PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO COURSED. PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO COURSED.	Enter nature of injury in Part I or Part II of itam 18.)
The state of the s	
2Dc. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 20e, P. Hour e.m., While for work et work et work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., atc.);
21. I certify that I took charge of the remains described above, his death resulted from: Natural causes . Accident . Suit	eld an Autopsy
	CHIEF MEDICAL EXAMINER
SIGNATURE Trank 1. Sworkaut	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S FLANK J. Rhosebah	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	
Burial 9/27/61 Parklawn Cemet	Montgomery County, Maryland 246. REC'D BY REGISTRAR 246. REG.STRAR'S SIGNATURE
Warner E. Pumphrey, Inc. Silver Spring, Me	
111111111111111111111111111111111111111	J. Chall



MARYLAND STATE DEPARTMENT OF HEALTH

10495

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10491

N.		10300					
	a COUNTY STAT	L RESIDENCE (Where decassed lived, If institution: Residence before admiss on the b. COUNTY					
7		or TOWN , I outside corporate limits, write RJRAL and give nearest fown)					
	Takona Park E	Hyatteville,					
2	S Washington Sanitarium + Hospital 13	Iniversity Blwd.					
	J. NAME OF DECEASED (Type of profile 12)	4. DATE Month Day Yaor OF DEATH					
N	5. SEX 6. COLO OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BI	19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Male White WIDOWED DIVORCED 4/29 100 USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTH	PLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYS					
	done during most of working life, even if retired)	TACE County & siese, or orange country					
	13. FATHER'S NAME	ENE Elizabeth Shatler					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN						
	Yes, no, or unkown) (If yes give wer or defas of service)						
	PARY I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PARY I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cailure ONSET AND DEATH 2 hr					
	JE 4 SOUETO C	111					
- 1	conditions, if eny, which is duspected pulmenary pathology dhis						
	(e), steting the underlying DUETO ceuse lest.						
	PART IN OTHER SIGNER CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	+ + PERFORMED?					
	A THE PROPERTY OF THE PROPERTY						
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Y [Hame, ferm, 20f. (City or town) (County) (State)					
-	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJUR Hour a.m. While Not While factory, street, off						
	21. I certify that (I) (this hospital) attended the deceased from 2011						
	saw the deceased alive on	cured at					
	Errest E. Harmon me (an ostar) M.D. PHYS.						
	22c. PHYSICIAN'S NAME (Type) Errnest E. Harton M.D. 9301	Colesville Rd., <u>Silver Spring Md.</u>					
	238. BURIAL, CREMATION, 27 ATE THEREOF 23c. NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION (City, town or county) (State)					
	Burrar Strong Parklawn	Rockville Md.					
	l m Poolessille Misselle	ve 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
1	IVSON Wheeler Funeral Home Rockville, Mary 12	TIMATE BUIL 4 OI Calhar & Track					

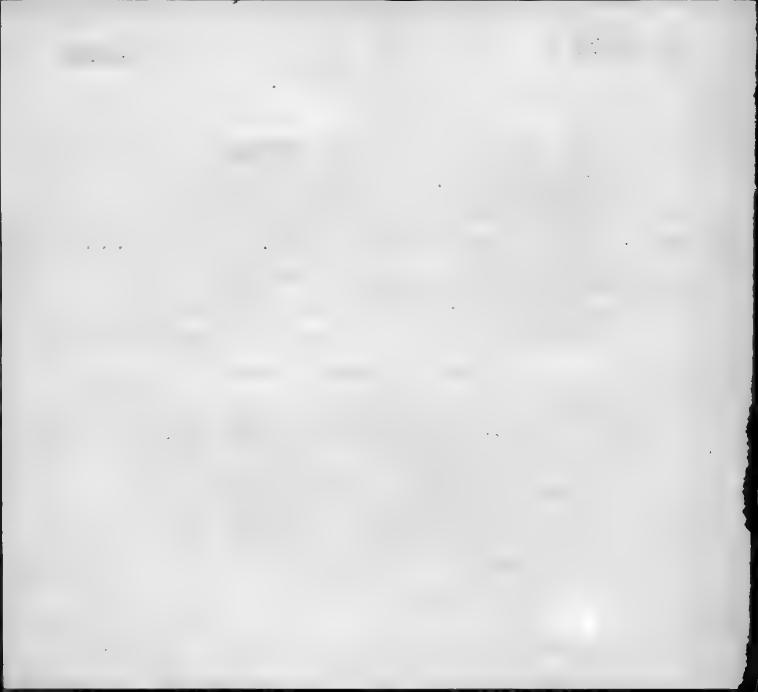


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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or altending physician.

EXAMPLE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be to the standard of the please that the please remove carbon papers.

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased I ved, If institution a. COUNTY **b.** COUNTY Montgomery D. MARYLAND b. CITY OR TOWN ('f outside corporate I m ts, E. LENGTH OF STAY N 15 c CITY OR TOWN (Il outside corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) Bethesda 28 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO . Buburban Ellicott St NAME OF 4. DATE First Midd e Month Day DECEASED (Typa or print) DEATH William September 28, 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (in years, IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Monthsi Days Hours Male White WIDOWED DIVORCED 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gin country) 10a USUAL OCCUPATION (G'va kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working I fa, even if retired) U.S.A. Checker Safeway Food Stores 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME William V. Wilson Jane Mather 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknwn) ! (Ifvestive war or dates of service) Wife, Miriam Wilson same as above 18. CAUSE OF DEATH [Enter only one cause per line for la' (b., and lo INTERVAL BETWEEN ONSET AND DEATH IMMED. ATE CAUSE (a) 5 min **DUE TO** Conditions, it any, which gave rise to immediate cause **DUE TO** (a), stating the underlying BROCHA causa last PART H. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAUDISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 20b. DESCR BE HOW INJURY OCCURED. (Enternatuse of niury in Part I or Part II of I tam 18., 206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIF MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, larm 2Dl. (City or town) (County) (State) lactory, straat, office bldg., atc.) White Notation al work at work D.m 1954 to 4 21. I certify that (I) (this hospital) attended the deceased from.... 19.6.1..., and that death occured a M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE STAFF SIGNED D RECTOR PHYS PHYS. M.D 22c, PHYSICIAN'S 22d. ADDRESS CHEVY NAME (Typa) 23d. LOBATION (City, town or county) 23a. BURIAL, CREMATION, 236 ALLESSO, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE



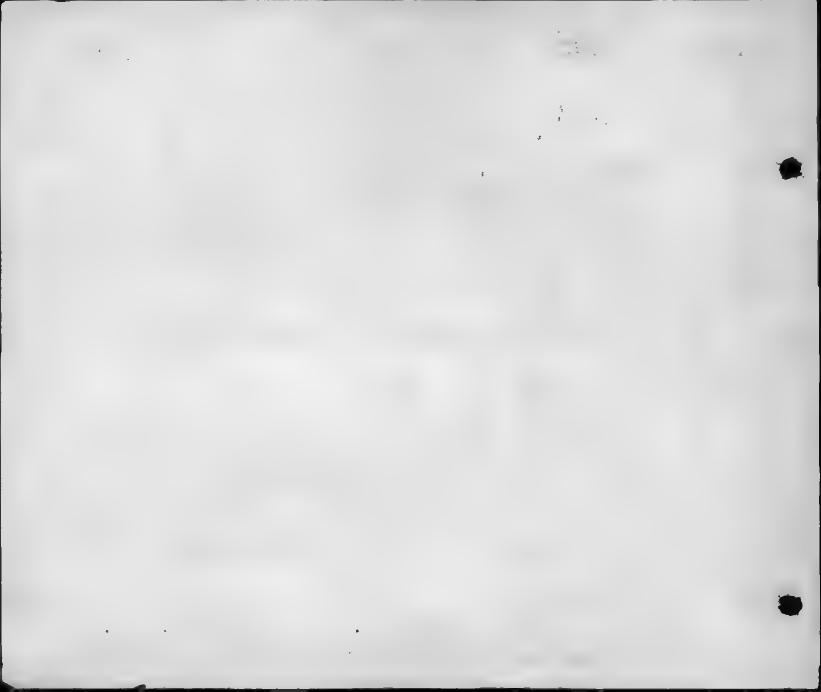
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10/02

CERTIFICATE OF DEATH

Н	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission)
4	a. COUNTY :	a. STATE a / b COUNTY
	Montgomery MARYLAND	MARY/AND
	b. CITY OR TOWN (if of taide corporate limits, a LENGTH OF STAY IN 16, write RURAL and give neerest town)	c. C.TY OR TOWN (If outside corporate I m is, write RURAL and give neerest fown)
	Takoma Park 3 has	HYAITS UILLE 1611.
	d. NAME OF HOSPITAL OR INSTITUTION, I not in hospital give street address)	d STREET ADDRESS . IS RES.DENCE
	Mark + Carle Land to the	3907 Ogleth ORPE ST YES IN NO IT
	J NAME OF ON DENT AT IN THE SPITE	Lasi 4, DATE Month Day Year
	DECEASED O	OF C
	(Type or print) Dertha Lucille Wi	Dodling DEATH 9 3 196/
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	1 . 1 . 1 . 1
	F WIDOWED M DIVORCED	1-2-79 82 yrs. Months Deys Hours Min
-1	TOB. USUAL OCCUPATION IGIVE kind of work 10b, KIND OF BUSINESS OR INDUSTR	TY 11 ERTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dona during most of working life, even If relired)	Pa
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		A / T
	Benjamin F Evans	MAKY VAMES.
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 1 [Yes, no, or unknown] [(Ifyasgivewerordetesofservice)]	INFORMANT Address
	2	Lospital Keeord
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY A SALED COMMO	il Heart Turbane ONSET AND DEATH
	IMMEDIATE CAUSE (6)	
	Taulo DUE TO ME TO MANAGE	ended Infarction 3 days
	Conditions, if any, which (b)_	
	gave rise to immediate cause (a), stating the underlying DUE TO	Til Siene il Curani
	cause lest,	HOLLTO
	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8) 19. WAS AUTOPSY PERFORMED?
	OIL COLOR OF THE C	YES NO X
	E 200 ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20%, (City or town) (County) (State)
		CE OF INJURY (Home, farm, 20% (City or town) (County) (State) tory, street, office bldg., etc.)
	E p.m. 19 af work al work	
	21. I certify that (I) (this hospital) attended the deceased from.	Act 15 1954 to 3. Sept To., 1961, that (1) (we) last
	saw the deceased alive on 3 5 472 19 5/, and that	death occured at 30 M, from the causes and on the date stated above
	22e, SIGNAJURE	, 22b. DATE
Ì	Hunsell B. Unale	ATTENDING MED STAFF PHYS. 9/3/6/9
	22c. PHYSICIAN'S	1224 ADDRESS
	NAME (Type) KUSSE// B. Hrnold /	M. Sizi Ciles ville Road, Silver spring,
	23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	AL ADD - 1988 A 14 A 15 A 15 A
	Removal 9/5/61 Dunmore Ce	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	20 2) 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
:	SH. Hines Co 2901-14-31	1. W DATE SEP 1 61 Chilling S. Thous



TO HC AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a yours after death. Page 4 may beined by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filliam by the funeral director, age 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0494	CERTIFICATE OF	DEATH
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1

9	エクスラが	CERTIFICA	IE OF DEATH		Reg. Dist. No	00
	1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Who		ution Hesistenet ber	ore admission)
	montgenery	MARYLAND	o. STATE Mary	land 6. COUN	TY W (out	ionery
	RURAL and give nearest towa)	GTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write	RURAL and give no	earest town)
e.	Mural Delivering	o year	NRULAY	, Kamen	scut-	
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Congression Samuarities and	Hospital	1.25500-C	Jak Dr	ive	ON A FARM? YES NO
	3. NAME OF First	Middle	last	4. DATE N	onth D	
	OFCEASED (Type or print) Levora	1	louna	OF DEATH SON	. 6	9 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [] 8	DATE OF BIRTH	9. AGE (In year		IF UNDER 24 HRS.
	Frenche White WIDOWED	DIVORCED .	3-13-1885	76 7	Months Doys	Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND O during most of working life, even if retired)	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (State o	r foreign country)		OF WHAT COUNTRY?
	13. FATHER'S NAME		maryla	ud	26.3	5,00.
1	1. 1. 00 The Co	Elin towall	14. MOTHER'S MAIDEN NA	ME D	s day.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		ORMANT	well was	ddress	
ı	(Yes, no, ar unknown) (If yes, give war or dates of service)	lone Rich	arent record	4 Samuel Hawk	ins Orit	hersburg .
	18. CAUSE OF DEATH [Enter only one cause per line for (o		0	7		ERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	mind	Cachery	6-	OI V	SCI AND DEATH
	199X DUE TO CARA	2 Aug 1	Com			
ı	Conditions, if any, which agove rise to immediate (b)	wing	- ceretic	and the state of		
	couse (a), stating the <u>under-</u> DUE TO					
	Ving cause lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING TO DEATH BUT N	OT PELATED TO THE TERMIN	ALDISEASE CONDITION (SIVENI INI BART VAL	19 WAS AUTORSY
2	3 Cerebral arteriose	woris	OT REDATED TO THE TERMIN	AL DISEASE CONDITION (SIVEN IN PART I(0)	PERFORMED? YES NO
3	200. ACCIDENT WAS UNDERLYING A 201. DESCRIBE HO OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED.	(Enter nature of injury in Pa	ort I or Part II of item 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While No of work of ot work of	f author	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County	(Stote)
	Houf a. ft. p. m. 19 While of work of	work	riy, siteel, office oldg., etc.)			
	21. I certify that I attended the deceased from	n Sept 23	196/, to Se	pr. 29 196	that I last s	aw the deceased
	alive on 3 /20/28 , 196/	, and that death o	occurred at 732 ps	M, from the causes	and on the de	ite stated above.
	ACTUAL OFFICE CO		7600 Ca	DORESS (Street, city or tow	n, stote)	DATE SIGNED
	SIGNATURE	JELL M.	D. 1600 Ca	vace cue,	/ alema 47	1/4//6/
	PHYSICIAN'S HENCRY E. AIN	OPEN, M	D. 7600 C1	APROLLA	VE. TAK!	Ph. 9/29/6
	PEACVAL (Specify)	IAME OF CEMETERY OR		22d. LOCATION (City, low)	, or county)	(Stole)
		amascus M		Damascus,		
		amascus, l		F 4 101	GISTRAR'S SIGNATU	
	Celin L. Molowner D	winds dus,	Md. DATE OCT	[4 '61]	wilmy & the	WE

The state of the s Harrier with the production of the control of the c H mal 1 10 06 1

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION SESTATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1. PLACE OF DEATH Items 1c & 21	Film G295 9	/21/61 iwk		4.04	QQ=		
V	a. COUNTY		2. USUAL RESIDENCE (Where decessed lived, II institution to be of the person of a STATE TY. b. COUNTY					
4	Montgomery MARYLAN		Virginia Ariington					
	b. CITY OR TOWN (if outside corporele limits, write RURAL and give neerest town)			outside corporate limits, write	RURAL end give	nearest town)		
	Bethesda	/299 Days	Arling	ton		8.212		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS			o. IS RESIDENCE		
-	The Clinical Center, Bethe	sda 14, Md.	1505 North	Quinn Street		YES NO X		
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey	Year		
- [thur Zal	lkauskas	DEATH Septemb	er 16,	19 61		
-	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years)	IF UNDER TYEAR	IF UNDER 24 HRS.		
1	Male White WIDOWED		May 29, 1892	69 yrs.	Months Days	Hours Min.		
	10e. USUAL OCCUPATION (Give kind of work 10b. KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Stele, or loreign country)	12. CITIZEN O	F WHAT COUNTRY?		
	Judge	Law	Lithua	nia	U.	U.S.A.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
	Vincas Zalkauskas			ankenfield				
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO. 17. EM	FORMANT The M	edical Records				
-1	(Yes, no, or unkown) (Ifyesgive warordelasofservice) Unasc	ertainable The	Clinical Ce	nter. Bethesda	The Mar	vland		
	18. CAUSE OF DEATH [Enter only one ceuse per lin			INT	ERVAL BETWEEN			
	BART I. DEATH WAS CAUSED BY:			ON	ISET AND DEATH			
	DUE TO	to care 1 1 sec. 24				·		
	Conditions, if any, which (b) Medullary Commensurers					-		
		and the same	711-111-275	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-		
	(a), steling the underlying DUE TO	· ·	14 12	4111		2		
1	ceuse last. (c) // Lening grove Left forceted force 3 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DEATH BUT NOT RELAND TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)) 19. WAS AUTOPSY							
-	PERFORMED?							
	Nophro school of hedrey moderate, Petrovace impregence concertion of NES NO							
30	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Post II of item 18.)							
1								
	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bldg., etc.)							
-1	Hour a.m. While Not While factory, street, office bldg., etc.)							
	21. I certify that (I) (this hospital) attended the deceased from November 20, 1960, do September 16 61 that (I) (we) last							
	saw the deceased alive on September 1639 61, and that death occured at 1772 from the causes and on the date stated							
	228_SIGNATURE		22b. DATE					
	Robert of Fraker M.		M.D. ATTENDING MED. STAFF PHYS. SIGNED					
- 1	22c/ PHYSICIAN'S		22d. ADDRESS The Clinical Center, National					
	NAME (Type) Robert L. Fisher M.D. Institutes Of Health, Bethesda 14, Md.					L. Md.		
	238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, tow		(State)		
	REMOVAL (Specify) Burial 9-19-1961	Rock Creek	Cemetery	Washingto	n D	C.		
	24 HUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE							
	Joseph Bouder Dom for	1750.00 00	WILL DAGED	19'61 0.4	of & King			
	And some of the state of the st	10 the sur	Land Land		w s. Thurs			

10 RETURN part that I have a second of the second of t 301 101 10 LTBOIL (I) x NOTE AND THE PARTY THE PARTY OF · A CONTRACT OF THE PROPERTY OF THE PARTY OF